The Nurse's Place in the World's Health Movement from the Point of View of the Red Cross

By Dr. RENE SAND

In her admirable book on *The Public Health Nurse*, Miss Mary Gardner has put in tabloid form the task of the speaker: he has to get up, to speak up, and to shut up.

I have so far complied with the first of these duties, I will very soon try to be equally successful with the third. But about the second I have some anxiety, because if I can think of no greater honour than to be called to address such an assembly as this, which gathers the elite of womanhood all over the world in its highest moral, scientific and technical expression; if I can think of no greater honour than to be called to speak after a statesman, a patriot, and a leader like General Mannerheim, after an educator, a thinker and an organizer like Miss Annie W. Goodrich, after such a highly competent and devoted man as Mr. Mandelin, it is at the same time a perilous situation: the more so that I am to speak in the name of the Red Cross, and who would think himself qualified to represent that big humanitarian institution which, although only 61 years old, is known as the very symbol of love and service even in those isolated regions which seem to be completely cut off from the rest of mankind? The history of the Red Cross abounds in thrilling episodes of sacrifice and salvation. But to me there is nothing more impressing than the experience which Miss Katherine Olmsted, the Chief of the Nursing Section of the League of Red Cross Societies, had a few years ago, and I really regret that she is not telling it to you and addressing you in my place, as she is much more entitled to do so than I. However, with her refined courtesy, Baroness Mannerheim, to whom I present the devoted homage of the whole Red Cross world, has decided that in this women's gathering favour should be conferred upon a man.

The hazards of war nursing had led Miss Olmsted to the Murmansk coast. When she arrived there with some other American nurses, the women came out of their huts to have a look at these strange creatures. Suddenly they smiled at them, embraced them, kissed them and, pointing to the Red Cross the nurses had on their uniforms, made the gesture of bandaging a wounded arm. So these poor people, lost on the shore of the Arctic Ocean, had in their utter loneliness heard of the Red Cross and appreciated what it means to the human body and to the human soul.

Since that time the mission of the Red Cross has been enlarged and broadened, but to explain this I have to go back half a century.

You know that the Red Cross was originally the expression of compassion. Henry Dunant, a Genevese philanthropist, was so impressed by the plight of the thousands of wounded dying on the battlefield of Solferino for lack of care, that he got together a committee which succeeded in achieving two epoch-making results: the first was the signature by all countries of the Geneva Convention of 1864, which protects the wounded and those who take care of them. To be safe from further violence is not enough for the wounded;

they need prompt attention. Dunant saw clearly, and in all the wars that have been waged since his time it has been proved, that the army medical service alone cannot cope with the task of taking adequate care of the men from the moment they are stricken on the battle-field to the day their treatment and re-education is completed. An army which would attempt such an enterprise would be left with no men and no resources to fight. So that an appeal has to be made to the only body which in time of war is still bigger and more important than the army; that is, the nation itself: the men, the women, and, since Junior Red Cross has been started, the children are called to give their money, their time, their work to complete the task which the Army Medical Service cannot possibly achieve alone: this voluntary effort finds its expression in the Red Cross, which, as you see, is a complementary agency.

You know how since 1864 National Red Cross Societies were started in many countries and how they became active, not only during war, but also when great calamities occurred. The Genevese Committee which had originated the movement took the name of International Committee of the Red Cross, perpetuating itself by cooptation among Genevese citizens, and calling from time to time the National Societies to International Conferences.

The Great War saw an unprecedented development of the Red Cross. When the armistice was signed, Mr. Davison, the President of the American Red Cross, hesitated to disband this formidable army of workers which he commanded, and to scatter the enormous resources which the Red Cross possessed. Two points were foremost in his mind: the first is that no organization can be strong if it becomes active only every 20, 30 or 40 years; the second is that the sufferings and losses of war are paralleled by the sufferings and losses of peace, and that the nurses, the doctors, the material which the Red Cross needs in time of war can be put to excellent use in time of peace, not only to mitigate sufferings, but also to prevent them. After having obtained for his plan the approval of the greatest health authorities in the world, which he summoned to a Conference in Cannes, Mr. Davison was instrumental in creating in 1919 the League of Red Cross Societies, a world federation, which had its secretariat first in Geneva, and then removed it to Paris, for greater convenience and economy.

Thus, next to the war time programme of the Red Cross, which is in the hands of the Genevese International Committee, we have now a peace time programme, which the League helps the Red Cross Societies to introduce and to develop. The first is an intermittent and alleviating activity, the second a permanent and preventive one. The Committee and the League work independently, but harmoniously.

Whereas the National Red Cross Societies had hitherto simply occasional relations with each other, they are now banded together in an international federation, which includes every Red Cross society with the exception of Turkey, Egypt, Persia and Soviet Russia. This federation has now a perfectly democratic constitution, each society being represented, without any privileges whatsoever, by one delegate on the Board of Governors, which meets annually and elects an executive Committee of seven.

The task entrusted to the secretariat of the League was fourfold:

(1) To assist in the creation of Red Cross Societies in countries where such did not exist. Since 1919 about 25 new Societies have been created, so that the Red Cross now covers the whole world with the exception of four little Republics in Central America, Ethiopia, Liberia,

Afghanistan and the Arabic Kingdoms.

(2) To assist in the development of the Red Cross Societies, which, if they want to comply with their mission, need members, resources and influence. This has been accomplished to such an extent that the Red Cross now includes 8,000,000 adults and 8,000,000 school-children, this army of 16,000,000 being the biggest international organization, I ought to say the biggest fraternity, in the world.

(3) The secretariat had also to assist the Red Cross Societies in their adaptation to the new programme which they had decided to take on, and for which they were only imperfectly prepared: this programme has four points: disaster-relief, popular health education, nursing and the Junior Red Cross.

(4) Finally the secretariat had to help the National Societies to raise the standard of their work. Voluntary work, as you know, when not directed by professional competence, means too often amateur work: good intentions, but poor realization.

That is where we have constantly applied our effort, as well in the relief, education and Junior Red Cross work as in the nursing work.

That is why in every one of these fields we have tried to establish intimate relations between the National Societies and the League, on the one side, and the best international authorities, on the other side. In the field of health, for instance, we work in close co-operation with the International Health Office in Paris, with the health section of the League of Nations, with the Industrial Hygiene Section of the International Labour Office, with the Pan-American Sanitary Office, with the Rockefeller Foundation, with the International Unions aiming at child welfare, mental hygiene, town planning, eugenics and the prevention of tuberculosis, venereal diseases and alcoholism.

That is why in the field of nursing we are seeking your advice, and why we have appointed an International Advisory Committee on Nursing, of which Baroness Mannerheim was kind enough to accept the chairmanship, and which includes such highly honoured representatives of your profession as Miss Lloyd Still, Miss Munck, Miss Fox, Countess d'Ursel, Marquesa di Targiani-Giunti and Mademoiselle Flourens.

You understand, of course, that the Secretariat of a Federation of Independent Societies can have no official doctrine, can impose no system. But it has a policy, which embodies the conviction that two humanitarian movements such as nursing and the Red Cross, both aiming at the welfare of mankind, both meaning devotion and sacrifice, both sacred and dear to the heart of every thinking and feeling man, woman and child, must come together, must lean on each other, must co-operate in the heartiest and sincerest way.

What does the Red Cross expect from the nursing profession? It expects guidance and service, both in time of war and in time of peace. This guidance and this service have been amply given, and for that gift we shall be everlastingly grateful.

What can the nursing profession expect from the Red Cross? The situation varies in individual countries. I told you that in time of war the Red Cross is complementary to the Army Medical Service: that means it does what this service decides not to do. The situation is exactly the same in peace time. The Red Cross does not try to displace other organizations; it does not try to duplicate work which is already done and well done; it simply fills the gaps. In countries like England, which already have excellent training schools and a complete system of district nursing, it has very little to do. In countries like Greece,

which had no nurses and no training schools, it has created both, simply because the need was there and no one else volunteered; and very far from creating second rate schools or giving inadequate training to its nurses, it has established nursing and nursing schools on the very rules laid down by Florence Nightingale. Take another example, Belgium. There training schools existed already, but, with one exception, they were very far from meeting the conditions which we all recognize as necessary. The Red Cross used its influence to secure a royal decree which has made a three years' training compulsory.

One may object that if this may be true for professional nursing, the Red Cross Societies are giving to volunteer nurses an inadequate training. I will not speak now of the war-time period, which has so exceptional, so enormous needs that it defies any rule. When you have hundreds of thousands of wounded, you cannot tell them to wait three years until enough fully competent nurses are trained. But the example of France is there to testify that more and more the training of volunteers by the Red Cross tends to come up to the standard of professional nursing. Every volunteer Red Cross nurse in France is urged to get the state diploma, which is given only after two years intensive all-round training. The shortcomings of the past, which were inevitable, which were due to a situation no one could have changed immediately, are gradually eliminated.

And the Red Cross has not only worked nationally to impress the necessity of good nursing on public opinion, to get better official regulations for the nursing profession, to institute training schools, to endow nurses' homes, to care for the sick, aged or invalided nurses, to create new openings for the nurses, it has also contributed to the nursing profession internationally. You have here among yourselves 19 nurses who have studied in the League's London International Courses for Public Health Nursing and for Nurses' School Administration, so ably directed by Mrs. Carter, but there are now in the world nearly 100 of these internationals, they have formed an Association of Old Internationals, they have even formed in one country a National Association of Internationals. All are not only fraught with the best ideals of nursing, but also with the most fraternal international spirit, and if they have been instrumental in developing nursing in their own country, they have at the same time woven a net of friendship among the nurses of the world.

Moreover, in accordance with the recommendations which the Executive Committee of this International Council made at their meeting in Copenhagen two years ago, the Secretariat of the League has endeavoured to arrange through National Red Cross Societies for Joint Congresses of nurses from neighbouring countries. In Vienna during May, nurses from nine Central and Eastern European countries found common ground for inspiration and enthusiasm. At Riga, this very month, a similar meeting grouped the nurses of the Baltic countries.

These international courses and congresses demonstrate what Mrs. Bedford Fenwick so ably brought out in her speech, that amongst nurses there is no nationality, but a desire for common standards of education and service as well as an ideal of international friendship.

Briefly the situation is as follows: Red Cross nurses form a very important and influential group in many countries. An increasing proportion of them are fully qualified trained nurses, and the others are approaching more and more this standard. In some countries, like Bulgaria, Greece and Hungary, only

Red Cross nurses and Red Cross training schools exist, and these nurses and these training schools meet every one of the requirements which have been considered as fundamental by the nursing profession.

There can be no really effective health work without an extensive system of public health nursing. To have public health nursing you must first have good nursing. That is what the Secretariat of the League has been constantly and insistently preaching all the world over, that is what it has helped public opinion and public authorities to realize, that is what it tends to by its propaganda, by its publications, by its scholarships, by its subventions, by its courses.

I submit its action to your deliberate judgment in the conviction that the League has done and is doing good sound constructive work, for the benefit of the Red Cross, for the progress of the nursing profession, and for the welfare of mankind throughout the world.

(An address delivered at the opening meeting of the Congress of the International Council of Nurses, 1925, by Dr. Rene Sand, Secretary-General of the League of Red Cross Societies.)

Insulin—An Address

By Dr. K. A. MACKENZIE

Ladies and Gentlemen—I was asked to say a few words on the subject of Insulin.

In a short time it is difficult to touch upon all the interesting points. I take it that you have not studied it very carefully, so I shall begin by defining what Insulin is.

Insulin is a hormone which is found in that portion of the pancreas known as the Islands of Langerhans. Over fifty years ago, Langerhans discovered that the pancreas had a double function, and that the islands which he described contained a substance which had to do with the metabolism of sugars and starches, and which did not go through the ducts with the pancreatic juice. For thirty years nothing further was done to elucidate the problem. In 1889 two investigators, Von Mering and Minkowski, showed that dogs which had their pancreas removed, died in ten to fourteen days with severe glycosuria, and that if one-tenth of the gland were left, they survived; thus furnishing the best evidence up to that time that the disease called Diabetes, was due to a disease of the pancreas. Various investigators added further evidence which strengthened this view.

In 1916, Sir Edward Schaffer, a well known Edinburgh physiologist, suggested the name Insulin for a substance which they all knew was present in the pancreas, but which no one had so far isolated.

In 1922, Dr. F. G. Banting, with Mr. Best, now Dr. Best, carried out the experiment which made possible the use of Insulin and placed him at once among those who have made wonderful contributions to the science of medicine. The experiment was as follows: He tied the duct of the pancreas in a dog. Several weeks later the dog was killed and it was found that the pancreas had degenerated but the Islands of Langerhans had resisted degeneration better than other portions of the gland. He now made a solution of the gland which he injected into a dog in which the pancreas had been removed, and by repeating the injection he was able to keep the dog alive for seventy days. He thus demonstrated that the substance could be separated, and also proved its potency.

The next step was to find a method of getting sufficient of this substance for clinical use. In 1922 Dr. J. B.

Collip worked out a technique by means of which the Insulin could be extracted from normal fresh ox pancreas, and as the latter was available at the various slaughter houses in almost unlimited amounts, the problem of getting supplies was solved in a remarkably short time. This work of Banting was done in the laboratory of Dr. J. J. R. MacLeod, who rendered invaluable assistance to Banting in carrying out his idea. When the Nobel prize was recently awarded to Dr. Banting and Dr. MacLeod in equal amount, they in turn shared it with Dr. Collip and Dr. Best.

The application of the remedy to human subjects rapidly followed, and it was found that glycosuria was controlled with as great certainty as in the dog. Within a remarkably short time evidence of its value in severe diabetes was available, and, most interesting of all, it was found that patients had been rescued from coma which was the great cause of death in diabetes; the onset of which in the past was almost without exception the beginning of the end.

Such in brief is the story of the discovery of Insulin, which suddenly raised a young Canadian to a position of world fame, gave him a place in medical history for all time, with Toronto and Canada recognized as a medical centre.

A few remarks now, in regard to Insulin as we now use it. It is not a cure for diabetes. As the result of disease of the pancreas, a certain amount of Insulin is destroyed in the body, and the administration of Insulin supplies that shortage. It assists the diabetic to assimilate carbohydrates, proteins and fats. It unquestionably allows the diabetic to live longer. It increases his efficiency as a worker. It rescues him sometimes from the jaws of death. It does not permit him to eat all foods. On the other hand, it places more responsibility on him for greater dietetic care. Of all diabetic patients, about twenty-five per cent. require Insulin, and seventy-five do not. It is very wrong to administer Insulin to a diabetic who does not need it. Our present plan of treatment is to place all patients on what we call a basal requirement diet, which is the amount of food required for a patient at rest. It varies in amount according to weight, height, sex and age. The proportion of fat, carbohydrate and protein is worked out according to rules given to us by authorities on nutrition. A few weeks on such a diet with certain increases, also made according to rule, enables us to say whether a patient can be treated by diet alone, or requires Insulin. The amount is gauged according to the sugar loss, a definite amount of Insulin being required for a definite sugar loss. Blood sugar estimations, as well as urinary sugar estimations are useful in the regulation of the dose. It is usually given a short time before meals. Up to the present the only method is the subcutaneous one. Oral and rectal administrations are useless. In cases of coma we give it intravenously with 10% glucose.

An interesting feature in treatment by Insulin is the hypoglycaemic reaction which should be familiar to doctor, nurse and patient. Overdose of Insulin causes severe reactions which are very alarming, may cause death, but are easily controlled by the prompt administration of sugar in any available form. I have so far had experience with forty cases of Insulin administration and have witnessed all the effects which are claimed for it, The clinical effects which were noted by Banting and his co-workers in his earliest communications to medical journals have been confirmed by clinicians all over the world in thousands of cases. While minor changes may be made from time to time in the details of treatment of diabetes, the potency and value of Insulin have been demonstrated beyond dispute and it will always rank as one of the great discoveries of medicine.

(An address given to the Halifax Chapter, Graduate Nurses' Association of Nova Scotia, in Annual Meeting, 1925).

Surveys

By MABEL F. GRAY, Reg.N.

While there may be a difference of opinion as to the value of surveys and studies, yet it is very certain that only upon "facts" may correct conclusions be based. Reading the Editorial upon "The Grading Committee and its Work," in a recent number of The American Journal of Nursing, and in the same number of the Journal, the paper by Laura R. Logan, Reg.N., on "A Program for the Grading of Schools of Nursing"—one could not help comparing the lack of united effort in Canada with the time and money spent in the United States in an effort to standardize their Schools of Nursing.

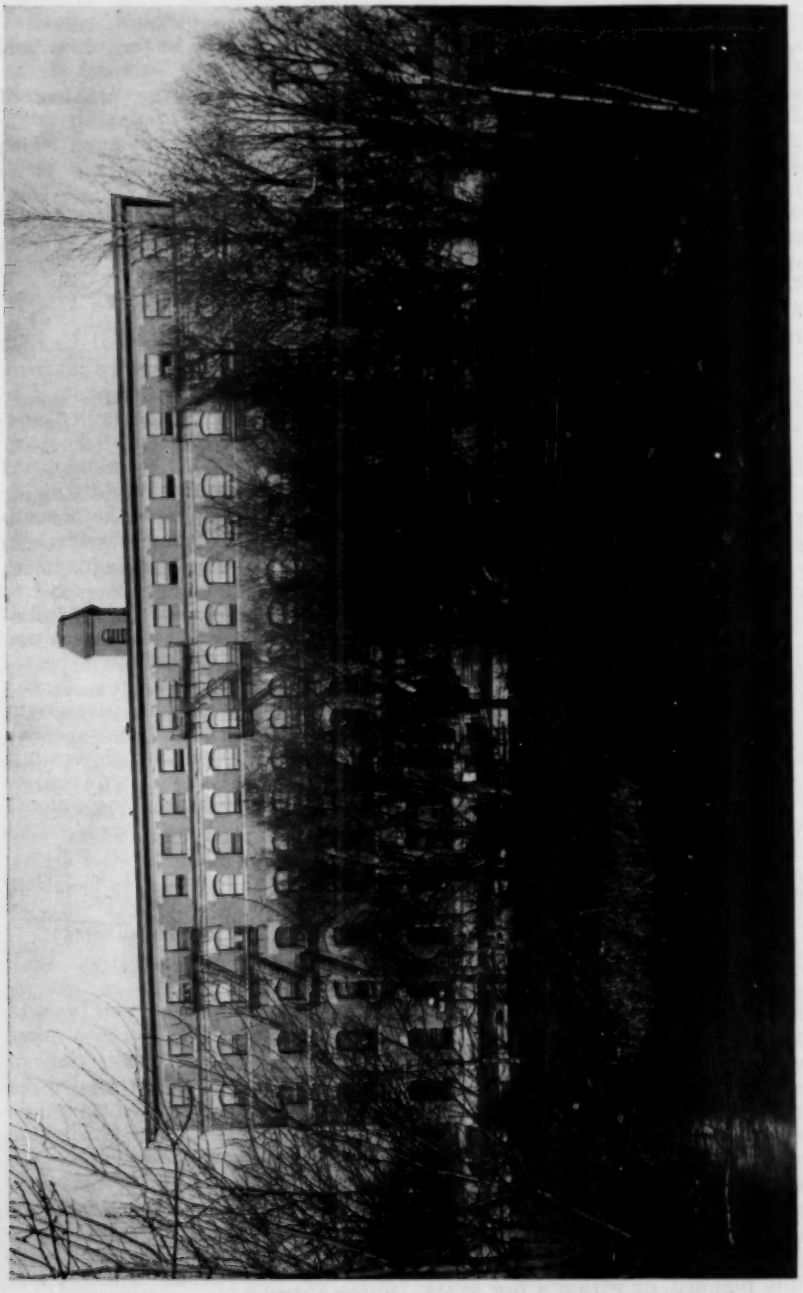
While it is true that through each Provincial Legislature, legislation has been secured establishing certain nursing standards for that province, yet it may well be asked whether such is a sufficient safeguarding of the interests of the nursing profession in Canada. Anything affecting the profession as a whole, affects each member of the profession, and equally so it is the duty of each member to see that the nursing profession shall fulfill its function in the community life.

Considering our Schools of Nursing, we remember that pioneer conditions still exist in many parts of our country, and under such conditions we cannot compare Hospitals, or Schools of Nursing as they are established, with the well organized institutions of older cities. It is, however, equally true that very modest structures may be modelled in "essentials" upon more pretentious edifices, and they may be so added to year by year that in the end a very satisfactory whole has been produced. Are we taking sufficient care that the structure of our Nursing Schools has been thus carefully planned, or within a few years will much have to be torn down and re-built?

It is not alone the problem of nursing education — supremely important though that is—upon which we need definite information. There is already the question of unemployment among graduate nurses in urban centres, while from the Schools of Nursing in the same centres an increasingly large number of students is annually graduated; and at the same time in many rural districts there is a lack of skilled nursing service. In the small hospitals in such districts, it is generally considered unwise that a School of Nursing should be established though such a centre would provide nurses of a kind to meet the immediate problem of nursing service. To what degree does unemployment exist among graduate nurses, and to what degree is there a lack of skilled nursing care? Committees are appointed to make studies of problems similar to these, conveners and members of such committees are interested, but each is engaged in her own particular duty, which must receive her first attention. Facts presented are often too meagre to afford a basis for any general conclusions or for any concerted action. Can we afford longer to leave to voluntary committees the task of gathering such necessary facts?

Within a few months we shall meet in biennial convention; can we not in the interval give such thought to the present needs, that each nurse may have a keener realization of our problems, and that very definite steps may then be taken to guide the development of our profession along the way which may point to the surest solution of our problems and the more active functioning of our professional organization?

(Miss Mabel F. Gray, Reg.N., Assistant Professor of Nursing, University of British Columbia.)



GOVERNMENT PRINTING BUREAU, OTTAWA

Industrial Nursing in Ottawa

By MARGARET BRANKIN, Reg.N.

Industrial Nursing in Ottawa is in its infancy, since the Capital City does not boast many big factories, the Government Printing Bureau and the Canadian Bank Note Company being the only two manufacturing institutions which employ nurses. Miss E. Scobie, a clever V.A.D. with Overseas experience, is in charge in the latter, and Miss M. T. Brankin, Reg.N., who served in England, France and Salonika, occupies the position of Welfare Supervisor at the Printing Bureau.

Installed in the Bureau Building is a completely equipped First Aid Room, where any of the 700 members of the staff may receive nursing service and first aid treatment. Whilst it cannot, of course, be stated that all of the 700 have availed themselves of these privileges, yet numerous members of the staff have done so. Time and again workmen and women have had more or less serious hurts from contact with the sharp machine knives or from other accidents in the course of their work.

The Bureau has an ideal location. It faces the celebrated Major Hill Park and overlooks the Ottawa River and Nepean Point and part of the famous Lady Grey Driveway. All Government publications, including the famous Hansard, are printed here, while the stationery and office supplies used in all Government offices, not only in Ottawa but throughout Canada, are furnished from the Stationery Office. The binding of books and periodical publications for the different departments is an important feature of the work of the Government Printing Bureau.

Visitors to the building are favourably impressed with the courtesy of the staff, the delightful situation, the abundant air space and efficient lighting, not to mention the numerous and most modern labour-saving machines and devices. These machines alone are worth a visit, and in operation are most fascinating to watch.

Mr. F. A. Acland is King's Printer for Canada and Deputy Minister of the Department of Public Printing and Stationery, and with him are associated efficient officers who manage the various branches.

On June 1st, 1921, the appointment of a Welfare Supervisor was ratified by the Civil Service Commission. From a monthly record of forty-five office interviews and treatments at the outset, the work has grown to two hundred and twenty-eight. One hundred girls, ranging in ages from eighteen years upwards, are employed at various interesting tasks. About 50 per cent. are French, very few of whom do not speak some English, or at least make a brave attempt. Some have as many years of service as the thirty-eight year old building itself.

The Welfare Supervisor's duties are concerned chiefly with the girls. The general health is good, but in addition to the nursing attention, considerable work along advisory and social lines has been accomplished. The daily visits to the girls' departments brings forth varied details upon which advice is asked—from arranging for boarding houses to advice re the babies of their "in-laws." When absent through illness, home visits are made and reports to the various foremen given. As a result a very friendly feeling exists amongst the girls and also with the Welfare Supervisor, which increases the value of the work.

By far the larger number of patients to the First Aid Room are men, who frequently collect foreign bod-

ies in their eyes or run their fingers into the machine knives—the first finger of the right hand being the most frequent sufferer. Slipping press forms have also been contributing causes for foot injuries, and steel dust has caused some painful eye troubles, while the molten lead and glue has had to answer for numerous burns.

No regular nor part time physician is attached. In its appointments the Civil Service Commission requires a certificate of good health before the applicant is accepted. Ordinarily employees have their own doctors, unless a serious accident demands prompt medical attention. Then an emergency call is made on either of the two City Hospitals—usually upon the Ottawa General, owing to its proximity to the Bureau—to send a doctor at once or as soon as available. All expenses and full-time wages have in the past been allowed to injured employees. In accordance with the requirements of the Federal statute of 1918, the Government Printing Bureau, as to all such matters and in common with the employees of all other departments of the Government, is under the provisions of the Workmen's Compensation Act of Ontario, and all cases are reported to the Board in Toronto in control of the Act.

Memorial to Manitoba's Nurses

At the annual meeting of the Manitoba Association of Graduate Nurses, held January 21 and 22, the Memorial Committee presented its final report to the Association. A brief review of what has been done by the nurses of Manitoba for a memorial to their sisters who gave their lives in the Great War will be of interest to nurses in the other provinces.

After the nurses in Manitoba had contributed their allocation to the National Memorial Fund, they became interested in a memorial that would be provincial in character. When the subject was first discussed it was thought that an Endowed Bed Fund for members of the Association in one of the hospitals in Winnipeg would be a most fitting manner in which to commemorate their sister nurses' memory. For over a year the Committee gathered together information from the hospitals in Winnipeg as well as from leading hospitals in the United States and Canada. Very little definite aid was received from these sources and after several conferences with the Association the idea of an Endowed Bed Fund was abandoned and it was unanimously decided to build plans for a Sick Benefit Memorial Fund for the nurses of Manitoba.

The plan finally decided upon was that the Association invest in a $10,000 bond in a reliable insurance company for a period of twenty years. The Association is insuring twenty specified members for $1,000, these members at the time of the investment to be 25 years of age or under. The premiums are met by the Association and the interest on the investment may be withdrawn annually or allowed to accumulate. The sum of over $2,000 had already been collected for the Memorial Fund from which premiums were paid to cover the first three years.

This form of investment is to be recommended for: It lays down a definite form of operation; it cannot be altered by changing executives; it centralizes the investment of the Association; it establishes a sinking fund immediately and makes it possible to pay for it over a period of twenty years; all expenses are carried by the insurance Company, and the investment is supervised by the Federal Government.

Municipal Medical Care

Medical care in rural districts is a problem which demands and receives the attention of both the profession and the laity. On the side of the doctor is the drawback of uncertain pay and of professional isolation. This latter phase the Dominion Medical Association is trying to meet with a bulletin and lecture service plan.

Eight municipalities in Saskatchewan and one in Manitoba, McCreary, are trying to meet the first difficulty by employing doctors themselves. McCreary initiated the plan some four years ago which, in its working out, appears to be something along a municipal subsidy line, thus inducing the medical man to stay. Of Saskatchewan's eight, that of the municipality of Brock claims to be the most successful. According to the Municipalities' Act of Saskatchewan, a council (rural) has power to employ a medical doctor at a salary not exceeding $5,000 per annum. Brock pays $4,500. No special tax is levied to meet this expenditure, allowance being made for it in striking the municipal rate. At the assessment and mill rate prevailing in the municipality in question, the tax amounts to about $4.35 per quarter section.

All residents receive medical attention free, and a resident is defined as a person who has lived 30 days in the municipality. If a patient needs or desires to go outside the municipality for treatment, then his bill is on his own bank account. Persons who own land and pay taxes within the municipality, but who live outside its boundaries, do not come within the benefits of the provision.

Experience has not proven either that the doctor in any way neglects his patients or that residents call the doctor on "fool" errands. It has been discovered, however, that the doctor is called in earlier, thus increasing much the patient's chances for recovery. It also removes financial worry from the patient's mind. Provision is made for holidays by the resident doctor, who must, however, provide a substitute during his absence. He provides his own conveyance and may practice in adjoining municipalities. For five years now, Brock has had this scheme in operation, and it is claimed to be giving satisfaction.

Others who have studied this question claim that the small hospital, usually municipal, is doing a fine work in meeting the difficulty of lack of medical care in the pioneer areas. Others hold that the public health nurse has stacked up to her credit the longest list of services rendered both in curing and prevention, especially the latter. It is claimed for her that, by her supervision in school and home, she reduces largely the danger of epidemics and thus renders unnecessary hospital and doctor's care. It is claimed, too, that as an agent of health education, she reduces sickness and raises health standards. The ideal scheme, according to this "school," is the employment by the municipality of a public health nurse and the paying of a subsidy to the medical health officer to cover the care of indigent patients.

In all these approaches to the one goal, it is to be noted that the bill is met by taxation, which means that those who are able, pay for those who are not. In these instances the tax is on the land owners. If such a system of municipal care, through whatever vehicle should become general, it would involve a revision of taxation methods. That is, however, a subject apart from the principle of health care, the argument for which is based by its advocates on the same foundation as that for the maintenance of schools.

In any event, it is interesting to note the evolution of methods by prairie municipalities feeling their way along the line of medical development marked by Dr. Vincent, of the Rockefeller Foundation, who foresees the time when people will pay doctors to keep them in health.

(The Manitoba Free Press, Feb. 3, 1926).

Team Work

In the Canadian Nurses' Association we want "the everlasting team work of every bloomin' soul." We want a circulation manager appointed in every federated association, and we want all the members to assist her in getting subscriptions for The Canadian Nurse and in getting interesting material to publish in it.

We had hoped to enter 1926 with an increased circulation in each province, we even ventured to expect a total increase of 25% in the Dominion, but the increase has only amounted to slightly over 12% since October, 1925. From the table below, which shows the percentage of member-subscribers in the provincial associations in October, 1925, and at present, it will be seen that New Brunswick has been able to make an increase of 16%, while Saskatchewan has an increase of 11.3% and has reached 66.8% member-subscribers. These provinces did not manage this without real work, either. The provinces of Manitoba and Nova Scotia increased their membership 100% during the year, so that we are looking for an increased circulation in these provinces before very long.

Provinces.	October, 1925.	March, 1926.
Alberta	23.0%	24.2%
British Columbia	13.3%	.9%
Manitoba	48.0%	46.8%
New Brunswick	30.8%	46.3%
Nova Scotia	17.1%	11.5%
Ontario	38.0%	36.0%
Prince Edward Island	8.6%	12.2%
Quebec	20.3%	14.0%
Saskatchewan	55.5%	66.8%

Registered Nurses Association of Ontario

(Editor's Note:—On December 4th, 1925, the Graduate Nurses' Association of Ontario recently reorganized, obtained incorporation under the title of "Registered Nurses' Association of Ontario." A copy of the letter sent to the members of the associations federated in the Graduate Nurses' Association of Ontario is reproduced together with a form of application for membership in the Registered Nurses' Association of Ontario and an excerpt from the By-laws which relates to membership and dues.)

Dear Madam:

You will, no doubt, be glad to learn that negotiations with the Department of the Provincial Secretary has resulted in our obtaining a charter which will grant to our Association the exclusive right to the title "Registered Nurses' Association of Ontario."

The charter was granted on the understanding that membership in the Association would be direct with individual voting power rather than the former plan of Association membership with group voting power.

All members of the old Association (Ontario Graduate Nurses' Association) who are registered in Ontario may become members of the new Association upon the payment of the annual fee of $2.00. This fee is to include membership fee in one section, i.e., Public Health Section, Private Duty Section, or Nurse Education Section. Should a member wish to identify herself with other sections she may do so upon the approval of the membership committee and the payment of an additional sectional fee of 50c.

Until the District Associations are formed, any nurse who is registered in the Province of Ontario but not

a member of the old Association may become a member of the Registered Nurses' Association of Ontario upon (a) the endorsation of a member of the Association, (b) the payment of the annual fee, etc.

Each member will be required to give such data as is requested by the application blank; this data is for the Secretary's file.

It is the earnest desire of the executive committee that you may fill in this blank and return it, accompanied by the fee of Two Dollars ($2.00), to the Secretary-Treasurer, Miss Beatrice Ellis, Western Hospital, Bathurst Street, Toronto, not later than February 15th, 1926.

It is desirable that as many of the members of the G.N.A.O. as possible should sign up in this new Association before the mass meetings of nurses in the various districts are called, so that the one meeting may serve to (a) organize the district Associations, (b) elect district representatives to the central executive.

Cordially yours,

(Signed)

Edith MacP. Dickson, President
Beatrice L. Ellis, Secretary

APPLICATION BLANK

Name ..... Date of Application .....

Present Address .....

Permanent Address .....

Graduate of ..... Date of Graduation .....

Are you registered in Ontario? ..... Registration No. .....

Present Occupation .....

State Type of membership requested—Active ..... or Associate .....

Section Elected with Membership Nursing Education ..... Private Duty ..... Public
(Draw line through Section Elected)

Health Section .....

Additional Section Desired Nursing Education ..... Private Duty ..... Public
(Draw line through Section or Sections Elected)

Health Section .....

Recommended by .....

(Member of R.N.A.O. Registered No. .....)

N.B.—The above to be filled in by applicant and forwarded to Secretary of District Association.

Endorsed by District Secretary .....

Recommended for Acceptance by

.....

(Convener, Membership Committee, R.N.A.O.)

N.B.—The membership fee of $2.00 should accompany this application form.
If membership in additional section is desired the additional fee of 50 cents for each section should be remitted for such additional section.

ARTICLE I.

Membership

1. The membership of this Association may be Active, Associate, or Honorary.

2. The Active membership of the Association shall consist of such graduate nurses as hold registration certificates from the Province of Ontario for the current year and who have complied with the regulations of the Association.

3. Associate members shall consist of such graduate nurses as have observed the Initial Registration in the Province of Ontario and who have complied with the regulations of the Association.

4. Honorary membership may be conferred on persons who have rendered distinguished service or valuable assistance to the Nursing profession. Such membership may be conferred by unanimous vote at any general meeting of the Association, the name having been recommended by the Board of Directors.

5. Membership in the Association shall include membership in one elective Section.

6. Membership in more than one Section may be had upon complying with Article 6, clause 1, of by-laws.

ARTICLE IV.

Dues

1. The membership fee shall be $2.00, which shall include membership in one elective section and if membership in additional sections be desired an additional fee of 50c for each section will be levied.

2. Fees are payable in January of each year.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Make Your Income Serve You

Second Article

By EDITH CHARLTON SALISBURY

As an illustration of how the suggested plan—outlined in a previous article—can be applied in an actual case, let us assume you are a private duty nurse whose total income is $2,000 a year. We shall assume, too, that you have no dependents, therefore the amount of your Federal income tax, according to the law in force in 1924, will be $15.00. You have also decided to save for some permanent purpose 15%, or $300 of your annual income. Deducting these two items—income tax and saving—from $2,000 a year, will leave you a working fund of $1,685 a year, or about $140 a month. When you have set aside the amount you will save, and what the Government requires of you as a citizen, you will be free to spend $140 a month with a clear conscience, and we shall assume that you have apportioned that amount in this way:

	Per Month
Shelter, a share in an apartment	$ 30.00
Food	16.00
Clothing	30.00
Laundry and cleaning	12.00
Health maintenance	5.00
Church and benevolence	12.00
Incidentals—as stationery, postage, telephone, car fare, etc.	10.00
Advancement and self-improvement	25.00
	$140.00

Remember this tentative budget is merely a suggestion. It is something to work from rather than to follow. It may give you an idea and help you to adjust your own expenses to your income. After all, it depends upon where you live, under what conditions, and the type of individual you are, whether some or all of these items will need to be lessened or increased.

Where shall she live?

An analysis of some of these expenditures is interesting. Unlike the nurse employed in a hospital or other institution, the private duty nurse, or the nurse in a physician's office, the Red Cross, or the visiting nurse, must provide herself with a permanent place to live. This nurse will need to be even more particular about this item of expense than the nurse on special duty in a hospital who may live at her patient's expense for weeks at a time. But in any case, the nurse's home must be comfortable and in congenial surroundings. In cities and the larger towns, two, three, or four graduates from the same school very frequently rent an apartment co-operatively, dividing the expense of rent, light and telephone equally between them and each paying her share of the food bills when she is at home. That plan makes it possible to secure comfortable living quarters at less expense and usually more freedom than when each has a room to herself in a private home, or has her own apartment. A nook, no matter how small and humble, that each person may consider absolutely her own seems to be essential to every normal woman. How much of her income she should reserve for it depends largely upon the nurse's temperament, but it would seem as if $30 a month—$1 a day—should be amply sufficient for the private duty nurse who is away from home much of her time. The nurse in the large

city, where rents are exorbitantly high at present, may find it necessary to increase the sum allowed for shelter from $10 to $15 a month, particularly if she finds it necessary to have her private apartment. But in that case there no doubt will be facilities for getting breakfasts and other meals when she is off duty and this will reduce her food bill.

Allowance for food

The cost of food probably troubles the private duty nurse less than it does some other workers, for, as a rule, her daily meals are part of her remuneration. Her patient pays for them at the hospital or at home. The nurse in an institution has board and room allowed, also laundry expenses, but a nurse in a physician's office is generally expected to find her own living.

The private duty nurse should be able to provide all her extra meals and those while off duty for an average of $16 a month, even in large cities. Physician's nurses, whose salaries do not include an allowance for food, have told me that by preparing most of their meals themselves they can live well on $30 a month. This sum is ample, surely, when two or three are sharing expenses in an apartment.

Wherewith shall she be clothed?

The clothing requirements of professional nurses are peculiar to themselves. They must practically have two complete sets of wardrobe —one for duty, the other for private and social life. Because of the sameness of their uniform—though it is the most attractive uniform in the world—and the fact that they wear it about 75 per cent. of their time, many nurses are inclined to be extravagant in their dress for private life. Almost constantly in white that is severely plain in design, when they dress for the street, or for a social affair, there is a strong desire for colour, expensive materials, the latest mode and the last word in accessories, and this very often tempts the average nurse to make her clothing budget top-heavy. It seems nothing short of heartless to find fault with her. An analysis of what she has on hand, the requirements for next season, and conditions under which she lives may help to map out a clothing budget.

An actual budget

A nurse of my acquaintance, who for a number of years has been employed in a physician's office with an assured salary of $2,000, which is occasionally increased a few hundred dollars a year by taking special outside work, has given me permission to use her schedule of expenses and her clothing budget for one year. This nurse lives alone in an apartment costing $45 a month. It is expensive, but it is her chief pleasure, and gives her opportunity to prepare most of her meals, serving to herself the kinds of food which suit her best; it also gives opportunity to do considerable sewing in the evenings at home. This is the budget as she gave it to me:

	Per Year
Rent	$540.00
Clothing	384.00
Food	365.00
Laundry	80.00
Cleaning	24.00
Telephone	18.00
Electricity	18.00
Gas for cooking	3.00
Car fare	10.00
Vacation	100.00
Church and charity	200.00
Permanent saving	477.00

Magazines, association dues, and such items as stationery, postage, newspapers, theatre and concerts were accounted for in the "extra" from outside work. As this nurse is particularly well-dressed, an itemized statement of her clothing expenditure for the past year is interesting. She states:

"Last year and the year before my clothing budget was unusually high because I had let my wardrobe down sadly the year previous, in order to buy furniture for my apart-

ment and a sewing machine. But I have been able to keep everything going and now will get ahead if all goes well."

For one year this nurse's clothing expenditure was:

Material for summer dress in 1924	$15.00
Sport suit	30.00
Waist	5.00
Blouse	10.00
Spring coat	45.00
2 pairs gloves	7.00
1 pair sport shoes	8.00
2 pairs oxfords	20.00
Silk stockings	12.00
Silk and wool stockings	5.00
Underclothing	10.00
Silk and wool union suits	12.00
Nightgowns	6.00
Corsets	12.00
Dress hat	20.00
Business hat	12.00
Winter coat (bought in February)	47.50
Dress material for spring and summer, 1925	38.50
Ready made dress	31.50
Six new uniforms and six new slips	37.50
Total:	$384.00

Ordinarily this nurse does not spend more than $30 a month on clothing and she is unusually well apparelled, a result which she obtains by carefully inventorying her wardrobe and planning ahead for at least a year.

Things not material

One of the most important divisions of the budget is that of education and self-development. It is a division frequently left until everything else has been provided for and is sometimes neglected entirely. This would be true of the person who lacks vision, who is not ambitious, and who merely sees in her work a living for today. This division includes so many necessary expenditures that it is wise to try to increase, rather than reduce, the amount given in the suggested budget. Books, magazines, lectures, concerts, association dues, travel, recreation, vacation expenses, extra courses of study, Christmas and other gifts, all come under the head of self-development since the doing, or acquiring of, any one of them should be undertaken with the desire to develop the spiritual part of one's nature.

The variety and scope of this division indicate how important it is to analyse its items very carefully to determine just how much should be allotted to each one and which should be given first place in your programme during any year.

Certainly the graduate nurse should never omit from her budget an allowance for her professional magazines and membership fees in alumnae and graduate associations. These are the avenues through which the busy nurse must keep abreast with her profession and with the younger women who come into the nursing field each year, fresh, keen, and enthusiastic from the training school and laboratories.

The minimum amount that can be allowed for professional advancement may be tentatively suggested as $10 a year fees in nurses' registry; $6 annual dues in alumnae association; $3 membership dues in Graduate Nurses' Association and $3 for The American Journal of Nursing. Many nurses find it very much to their advantage to subscribe to more than one professional magazine and to have their names in more than one registry. And then the necessary books must have a share.

Besides these fees, every nurse should be actively interested in at least one social organization, for the purpose of keeping in touch with people and affairs outside her own line of work. The old proverb about all work and no play making dullards of us is as true now as it ever was. And as true of nurses as of any other workers.

The amount spent in a year for health maintenance depends upon the nurse's personal needs and what she can do herself to keep physically fit. Under this division is included care of hair, feet, manicur-

ing, massage, gymnasium, or other forms of setting-up exercises; also toilet supplies, and such like.

Incidentals

I don't like the word. The very uncertainty of what it implies is a temptation to include in this division non-essentials and occasional extravagances. But for want of a better term we class postage, stationery, car fare, express charges, as incidentals.

Building Character.

After trying a definite system of apportioning your income and making a persistent effort to have your earnings really serve your needs, you may be agreeably surprised to find that your standard of living has changed. The passing whim which formerly demanded much of your income is now not likely to be gratified until the real need has been provided for. Last but not least the keeping of a budget will give you a broader outlook on what is really important in material things and may help you to adopt a higher standard of living.

Some one has said: "Budget making makes you think, but carrying one out builds character."

(The American Journal of Nursing, December, 1925.)

We would like to draw the special attention of all our readers to the articles that have appeared in our magazine on what we might call the financial aspect of a nurse's work.

Mention has been made of the sense of delightful freedom which financial independence brings to the business and professional woman. That freedom can be assured only if safe and sure investment is made for that time when we can no longer work.

Many of the different investments that can be taken advantage of by men are not at all suitable for the average woman. The element of chance must be entirely deleted from a woman investor's vocabulary.

No form of investment carries with it quite such adequate and secure advantages as does a Life Insurance Policy. Today forms of policies are provided which cover practically every condition of life and are admirably suited to the needs of the average woman.

HELEN CARRUTHERS.

Book Reviews

The Principles of Orthopaedic Surgery for Nurses. By James Warren Sever, M.D., Boston. The MacMillan Co., Toronto.

This is a book of nearly 200 pages which has been written for the instruction of nurses. It is well printed and profusely illustrated with 136 photogravures and diagrams.

In this book the author has dealt with the Principles of Orthopaedic Surgery for Nurses very thoroughly, in fact, one might almost say in some chapters, too thoroughly. While we appreciate the fact that nurses must have an intelligent understanding of a condition to treat it successfully, some of the information given in Dr. Sever's book is more suitable for the general practitioner than student nurses.

Chapter 1 deals with congenital deformities and should prove very instructive to any nurse.

In the second chapter Dr. Sever discusses Osteomyelitis and Rickets. Realizing that early diagnosis is an important factor in both these diseases, Dr. Sever insists, and rightly so, that the education of the nurse should include a knowledge of etiology, pathology diagnosis and treatment.

Anterior Poliomyelitis occupies a very prominent part as well as the other paralyses of childhood. When we see around us every day the havoc this disease has wrought among us, too much cannot be said in regard to the early diagnosis and treatment. Dr. Sever might have emphasized more, perhaps, the importance of treatment in the early stages.

Altogether, the book is a very good one, and we may all learn a great deal by perusing its pages, but one feels it can hardly be considered suitable as a textbook for nurses but should be used as a reference book.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
MISS EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Instructions in Nursing for Advanced Students

By MABEL F. HERSEY, Reg.N.

Knowing the advance that has been made in the United States of America, and particularly in the State of New York, along the lines of Nursing Education, I hesitate to offer anything but an outline of the work taken up in the Royal Victoria Hospital and to mention what we would like to add to this work.

We are trying many experiments in the education of the student nurse and feel that improvements are slowly but surely coming.

When applicants are carefully chosen, they should be given equal opportunity and, as their opportunities after graduation are limitless, they should be prepared as thoroughly as possible to meet them. The best equipped women are needed, and the finer the woman, the better the nurse. We should try to develop the personality of the individual, increase her general information and interest, and keep the life in the Nurses' Home as normal as possible.

The emphasizing of the scientific education of the nurse increases her interest in nursing procedures, which have never been so thoroughly taught as they are today, the nurse working understandingly instead of mechanically.

We have for many years been able to send a few junior graduates or senior pupils to other hospitals for new ideas and broader views, and are indebted to a number of superintendents in New York State for some of this experience. These young nurses who go away for specific work, come back full of enthusiasm, their indefinite plans fully matured, and ready and more than willing to teach, as far as they can, the younger nurses and to co-operate with instructors and supervisors.

According to the prevailing methods of arranging instruction, the student, in her first year, has completed many subjects. She has had lectures, demonstrations and practical work always under supervision, but has not acquired confidence nor initiative. These come only with experience and understanding, and it is very necessary that classes for advanced students be presented in an interesting way and that students be taught to apply the knowledge gained in the class room to their ward work. To do this, the class and ward work should be co-related: here lies our great difficulty.

To overcome this, we try to follow all lectures by classes — bedside clinics and demonstrations in the same service—either in the ward or in the Out-patients' Department. The student is assigned cases to write up during this course, there the case reports are discussed in class, and these conferences are very

popular. We hope this will help the advanced student to meet and deal with emergencies, to be quick to observe and report untoward syptoms, to show more ability, to be a better teacher, and more able to direct and guide the junior nurses.

We found that a course of individual instruction, given by the nurse in charge of a ward, while the nurse is receiving her practical training there, is more satisfactory than the same course given to a group, before or after the ward experience, and in some services this can be managed.

The nurses are sent to the metabolism ward in their third year, after they have had their training in other branches of Medical Nursing. Here they are given an intensive training of six weeks' duration —two weeks being spent on the ward, two in the diet kitchen, and two on night duty. A course of instruction consisting of ten classes is given by the nurse in charge, and by the dietitian. The senior nurse makes daily rounds with the attending physician, and attends all clinics, being treated as one of the medical students, and is expected to take part in all discussions and quizzes. She also attends two lectures by the physician and three by the dietitian given each week to the patient. She becomes expert in carrying out the various procedures and calculations, and receives instruction in the special urinalyses required.

During her two weeks in the diet kitchen she assists in the calculation and preparation of the special diets, which are sent from this kitchen to the special patients in all the public wards.

The two weeks on night duty complete her special training in this department, giving her an opportunity to use her own judgment, and develop her initiative, when called upon to recognize, report, and prepare for the treatment of such conditions as acidosis or hypoglycaemia, etc.

Although 90% of the nurses take communicable disease training, it is not compulsory, and a series of lectures and classes have been arranged to be given twice during the year for all students in their intermediate year. The lectures are given to students from all city hospitals at McGill University, and the classes and demonstrations following these lectures are held at the Alexandra Hospital. A similar course is being arranged in orthopaedic nursing.

Under the direction of the School for Graduate Nurses, McGill University, a course of twelve lectures was given last year to the senior students. This survey of the nursing field by the directors of the different organizations was much appreciated and we hope to have it repeated this year.

We are looking forward, in the near future to affiliations for tuberculosis and public health work: the former in the new St. Agathe Sanatorium for Tuberculosis and the latter with the Victorian Order of Nurses in Montreal. This organization offers an intensive course of two months under experienced and well-trained supervisors, and we are anxious to take advantage of it as soon as it can be arranged.

This outlines briefly what has been accomplished. We still feel there is need for greater improvement, and the solution with us remains the same: more housing accommodation for nurses and larger classes.

(Written by Miss M. F. Hersey, Reg.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal, and read before the New York State Nurses' Association Annual Meeting at Albany, N.Y.)

Demonstrations---Hospital for Sick Children

By KATHLEEN PANTON, Reg.N.

Introduction

Demonstrations held bi-monthly during the academic year from 7.30 to 8.30 p.m., thus permitting all day students to attend.

The subjects for demonstration range from that of simple bed-making to intricate procedures, such as "Preparation for a laparotomy in a country house."

Those present at demonstration:

(1) Superintendent of Nurses.
(2) Instructors and Head Nurses (the latter if they so desire).
(3) Entire student body (minus the night staff).
(4) Those taking Post Graduate courses.

Object of Demonstrations

(1) Uniformity in teaching.
(2) Affords opportunity for self confidence on the part of the student (a) as a demonstrator; (b) as a public speaker.
(3) Practice in nursing procedures.

Preliminaries

Demonstrators (senior nurses) are chosen several days prior to demonstration, and alloted their subject. These students take full charge as to (a) Arrangement of lecture theatre (where demonstrations are held); (b) The choosing of suitable patients; (c) Blackboard notes, etc.

Demonstration—Procedure

(1) Roll call.
(2) Demonstrators announce their subject and explain in detail the notes previously written on the blackboard.
(3) Students take notes in a book used solely for this purpose.
(4) Demonstrator proceeds to explain in an audible voice each step as she progresses.
(5) Superintendent invites criticism from student body.
(6) Criticism of superintendent, followed by a five-minute talk on current problems.

SAMPLE OF DEMONSTRATIONS

Demonstration on Dressings

(Notes put on blackboard)

Sterile Tray

(1) Compress bowl, 1.
(2) Curved basin, 1.
(3) Tissue forceps, 3 pair.
(4) Towels, 2 or more.
(5) Pads, 1 or 2.
(6) Flat gauze, 1 package.
(7) Sponges, 6 plus.

Unsterile Articles

(1) Paper bags, 2, pinned together; (a) plain bag for discarded towels and binders; (b) bag with red stripe for discarded soiled sponges and dressings.
(2) Bandages or
(3) Binder and safety pins.

Procedure

(1) Screen the patient.
(2) Carry to bedside sterile tray and necessary unsterile articles.
(3) Prepare patient for dressing—avoiding any unnecessary exposure; (a) Turn down bed clothes; (b) Remove bandage or binder; (c) Unfasten adhesive strapping if present If the patient is restless have an assistant.
(4) Nurse prepares hands and arms; (a) Scrub elbows and arms, two minutes; (b) Hands, two minutes; (c) Nails, two minutes.

Put on a sterile gown. Roll sleeves to the elbows. Immerse hands and arms in Lysol Sol., 2% for 1 minute. Drape hands in sterile towel and proceed to bedside.

(5) Discard towel from hands.
(6) Turn back top sterile towel on tray.
(7) Remove dressing with one pair of tissue forceps and discard them (forceps). (Use second forcep for removing gauze that sticks to drainage tube, etc.)
(8) Drape—Remembering the purpose of draping; (a) To prevent bedclothes, nightgown, etc., contaminating wound; (b) To build a sterile path to wound, on which to work.
(9) Gently sponge wound, discard sponge Never use a sponge twice. Take fresh sponge each time. Sponge away from wound not toward wound.
(10) Apply dressing, fluffing up the gauze.
(11) Apply pad, absorbent side next to gauze.
(12) Secure dressing with bandage or binder.
(13) Remove tray, bags, etc. Make patient comfortable.
(14) If patient seems exhausted, give a hot drink to stimulate, or a cold drink to refresh.

Points to be Remembered

(1) Dressings never to be touched with hands—always use forceps.

(2) Use warm solutions—never cold unless ordered.
(3) Avoid chilling the patient—remember the danger of pneumonia in post-operative patients.
(4) When a binder is used, first secure dressing with adhesive strapping (empyema straps) so that the binder may be removed at any time, and the skin surface about the dressing cared for.
(5) Binders to be changed every morning, and more often if necessary.
(6) Dressings must not be done in ward while the floor is being swept.
(7) Remember the patient during the whole procedure; (a) Be gentle; (b) Work deliberately—avoid unnecessary movements; (c) When the pain is very great instruct the patient to hold tightly to the sides of the bed, or the assistant nurse's hand.

(Miss Kathleen Panton, Superintendent of Nurses Hospital for Sick Children, 67 College St., Toronto).

Canadian Tuberculosis Society

The Canadian Tuberculosis Society has completed its twenty-fifth year and during that time Canada's death rate from tuberculosis has dropped from 180 per 100,000 to 82.28. The highest rate is in the provinces touching on our two coasts.

During last summer the Association provided chest diagnostic clinics in ten centres in Prince Edward Island, over 200 patients being referred by doctors. Ontario now has a second travelling diagnostician while Alberta has planned to commission one and New Brunswick proposes to employ a second one.

In 1925 the provinces of Quebec and Saskatchewan provided for more than 800 sanatorium beds and negotiations are under way to provide 450 additional adult beds and 113 children's beds during 1926. A bequest of $150,000 is now available to improve the Jordan Memorial Sanatorium in New Brunswick.

Surveys of school age children have been undertaken in Alberta, Manitoba and New Brunswick.

The Three Rivers Demonstration has cost $60,000 to date and has increased its population for work by 25%. Lord Atholstan's $500,000 benefaction has organized the Montreal Anti-Tuberculosis and General Health League. Sir Adam Beck's Memorial Fund of half a million dollars is nearly complete.

During 1926, Sir Henry Gauvain, M.D., C.M., will give an address on Heliotheraphy at central points throughout the provinces under the direction of the Association. Research work in two universities and two sanatoria will be assisted financially by the National Research Council. An investigation will be made in British Columbia to recommend an economic method of treatment for Indians suffering from tuberculosis. An intensive tuberculosis educational drive is to be made in the Maritime Provinces. The demonstration at Three Rivers will be given greater facilities for advancement of the work, while an increase will be made in the number of beds for the tuberculous in British Columbia, Manitoba, Quebec and Prince Edward Island.

The above record of what has been achieved by the Canadian Tuberculosis Society and the short outline of activities for this year is of great interest to the nurses of Canada. The Association is planning to be well represented at the meetings of the International Union against Tuberculosis which are to be held in Washington on September 30th. It is hoped that the nurses of Canada will be represented at these meetings, especially by those who are actively engaged in tuberculosis work.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Types of Organization of Public Health Nurses

(The Problem of Adaptation)

By ALMA C. HAUPT,
Director Nursing Service, Commonwealth Fund Programme, Austria

To consider the subject of types of organization in Public Health Nursing, especially from the standpoint of many nations, recalls one's childhood bewilderment as one learned the song—"Do you know how many stars there are shining in the sky?"

There have been several tempting stars as possibilities for the discussion "Types of Organization of Public Health Nursing." One might consider public versus private organization, specialized versus generalized, rural versus urban. One might even—if Miss Gardner herself had not been on the platform—venture to discuss the nine principles of organization which she has suggested in her book on Public Health Nursing.

Out of a wide range of possibility, I have selected a theme which you may consider all too obvious, namely, successful organization in Public Health Nursing is that which is well adapted to the needs of the community it serves. In other words—make your organization fit your community, rather than try to pour your community into the already-moulded form of an organization.

The principles of adaptation and variation come to us with no uncertain meaning in plant and animal life. The simplest animal is the amoeba, a creature of but one cell, because that one animal cell can do all the work that animal needs in life. The frog, requiring more complicated machinery for its existance, has long legs and webbed feet for jumping and swimming and a breathing system which permits him to live in water and out of it. The giraffe, whose food grows on tall trees, has a neck for the purpose of getting the food.

It is just as interesting to note the variations in the nursing world. On a recent trip through European hospitals, I saw the following different methods in what to all of us from different lands is the most common nursing procedure—that of bathing a newborn babe. In the hospitals of one country, the babies were oiled after birth and not bathed at all until after the cord was off and the navel healed. In another land, the babies were put into a tub daily whether the cord was off or not. Having been accustomed myself to the practice of oiling a baby for three days, then sponging him daily until the cord was healed, and then finally putting him in the tub, I found I had to do some real mental gymnastics to accommodate myself to these different methods of arriving at the same aim, which is in all lands to make and keep the baby well and clean. Each land was equally satisfied that it had reached that end.

If the universal practice of bathing the baby calls for such variety of method, what about the varieties of Public Health Nursing organizations?

Variation, of course, means change: a change to meet a practical need; therefore an adaptation. I believe the work of the so-called child health demonstrations in the United States, with one attempted demonstration, in Austria, will serve to illustrate the principle of variation and adaptation in the general field of public health. which includes that of Public Health Nursing organization.

First, you will want to know what is meant by a child health demonstration. It is an attempt in community co-operation for the benefit of the health of children. The word "demonstration" implies the setting of an example. In the United States certain national health agencies and

foundations, notably the N.T.A., the A.R.C. and the Commonwealth Fund, have conducted these health experiments in certain small communities. Quoting from the annual report of the Director of the Commonwealth Fund for 1923:

"The objective of the programme is to produce and operate a practicable plan of health work which may (1) benefit the particular community served, and (2) add to our knowledge of sound methods; and which may ultimately (3) assure a higher level in the particular community through the permanent establishment of the essential features of the work, and (4) encourage other communities to adopt similar methods."

The Commonwealth Fund has selected four communities widely distributed over the United States for the establisnment of such experiments. During the experimental stage the cost is higher than the community can afford, but gradually the community pays more and the Commonwealth Fund less, so that it is hoped after a period of years, usually five, the community will entirely support the most important features of the work.

The oldest and most advanced of these Commonwealth Fund demonstrations is that in Fargo, North Dakota, in the upper Mississippi valley, a commercial centre in the great wheat plains of the United States. Its 27,000 inhabitants are stable, thrifty and largely descended from Scandinavian peoples.

The organization of the Demonstration in Fargo consists of a pooling of all private and public resources for child health under a general citizen's committee from which a small executive committee is formed. The work is carried on in four departments:

The Executive—in charge of a general director who is also a doctor, with functions of general administration, statistical service and research.

Medical—in charge of a medical director with functions of the operation of health stations for well babies and pre-school children; examination of school children; consultation service on request of private physicians.

Nursing—in charge of a head nurse, who has a staff of six nurses doing generalized Public Health Nursing work, including bedside care. The service covers community and school nursing on the district plan, including children, prenatal cases, tuberculosis, contagious; health department and birth registration calls. It has a special nursing committee of lay women to advise it.

Health Education—in charge of a teacher especially trained in health work to teach health in both public and parochial schools, and to supervise summer playgrounds.

The programme depends on good team work between these departments and on the hearty co-operation of all community health activities for its eventual success.

Certain definite policies have grown out of the experience of these demonstrations so far. There is recognition of the fact that problems of childhood are bound up with adult problems, and that general health measures for all age groups must be considered. As a piece of health research work, the results of the demonstration must be carefully studied and accurately measured, therefore the need of the best possible records. The cost, even during the experimental stage, must be reasonable and the community encouraged, gradually and increasingly, to contribute. The character of the service is at all times educational and preventive. rather than remedial and should in no way interfere with private medical practice.

Salzburg Child Health Demonstration

Shifting the scenes now to Central Europe, we find that a child health demonstration has been started by the Commonwealth Fund in Austria. Tucked in a narrow valley between the high Austrian Alps lies Salzburg, one of the most beautiful and most interesting towns in the world. Its 35,000 people are bound up in traditions ages old; they have the happy, artistic, emotional temperament of the Alpine lands. They are suffering from the re-adjustments

following the war, which are chiefly economic depression, bad housing, the struggle suddenly to convert themselves to a democracy while they still have the customs of a monarchy in their blood. No wonder there is an over-activity of political parties, no wonder there are difficulties in government, and no wonder there is still great poverty!

Let us see what adaptations of the child health demonstration programme have been necessary under these conditions. Remember that this is no new land we are entering no virgin soil, but rather a country of high culture, a country justly proud of its achievements especially in the arts and in medicine, and a country which had certain methods of doing health work before the demonstration was begun.

The Salzburg demonstration, like Fargo, has a general advisory committee of representative citizens. Here is our first adaptation. Custom requires that on all such committees government officials must sit, and, being present, must be asked in order of their rank to preside. Therefore, the governor, if in attendance, is the presiding officer though he know nothing of the technical nature of the subject discussed. Next him must sit the technical expert to whisper to him what it is all about. The object of the meeting, being to educate the community and arouse public interest and discussion, is sometimes defeated by the necessary formalities. Because they are officials, the citizens are sometimes too awed to take part in discussions.

An active executive committee is directly responsible for the work, and consists of representatives of the four co-operating groups, namely: The Province, through the Child Welfare Bureau; the City, through the Board of Education; a private Infant Welfare Society; the Commonwealth Fund.

The work may be said in general to be carried on through similar departments as in Fargo. The administrative is largely supplied through the central office of the Commonwealth Fund in Vienna. The medical is under an Austrian medical director in charge in Salzburg, but much of the actual work is delegated to medical men of the already existing school and infant welfare stations of the city.

The nursing department calls for a real nicety of adjustment to local conditions. In order that you may appreciate the situation, may I here introduce to you the health visitor of Austria, called the Fuersorgerin. "Fuer" means "for" and "sorge" means "to care," hence a "Fuersorgerin" is "one who cares for," literally all the ailments to which man is subject—and in Austria he is subject to a great many. This home visitor is both a social worker and an instructive health visitor. She is not an institutional worker and never gives bedside care. She may be a graduate nurse, but usually is not.

The development of Fuersorgerinnen in Austria illustrates definitely the theory of moulding organization to meet a community need. Even before the war, the government of Austria was saddled with the problem of the care of the illegitimate child. Having a fine social service conscience, the government established official child welfare bureaus (Jugendamts) usually in charge of a lawyer, and employed home visitors to find adequate homes for these little wards of the state, and to get financial support if possible from the parents. Gradually more and more consideration was given to the health of these children until now health work, social work and legal follow-up work are all combined in the duties of this early social worker. Austria believes in generalized service, not only generalized nursing, but also generalized social work. Therefore, we find in Salzburg a well-organized children's bureau with a lawyer in charge, and a staff of ten Fuersorgerinnen, one of whom is the supervisor, whose duties range from placement of foster children, legal guardianship of illegitimate children, follow-up juvenile court cases of delinquency, truancy, neglect, to vocational guidance, conducting of infant welfare centers, school medical inspection,

assisting at dental clinics, and even distribution of relief.

The best description I have heard of a Fuersorgerin is one given at a recent meeting in Vienna: "A Fuersorgerin must be three-fourths of a doctor, half a lawyer, half a teacher, and in addition—a whole mother."

There is no state registration and no legal requirement for this calling. Some Fuersorgerinnen have no special training other than years of devoted service, some have had a one-year course with emphasis on infant nursing; the best trained are those from two-year courses in which are combined a fair balance of theory in both health and social service subjects with practical work in hospitals, infant welfare centres, legal child welfare bureaus, day nurseries, etc. The best are those who, in addition, are graduate nurses.

The development of a highly specialized health service is obviously determined by the ability of such a staff, first to give sufficient time to the health side of the work, and second, to have sufficient knowledge and ability to deal adequately with health problems; as the care of the expectant mother, habit training of the preschool child, the control of communicable disease.

Supplementary training with the present group of Fuersorgerinnen has now been begun with the hope that the programme may be extended in accordance with their capacity. However, organized as they are under a governmental legal department, their actual contact with the medical department of the demonstration is somewhat remote, and their allegiance divided between the medical director on the one side and the legal director of the children's bureau on the other. The keeping of balance is a constant problem.

A department of health education has not been formally opened in Salzburg though a programme will be ultimately arranged upon the return this fall of one of the leading local teachers who has been spending a year in the United States studying health education in the schools. She will help us work together with the present health administration programme being done partly by the Junior Red Cross and partly by the Society of Friends.

Finally, let us face the problem of finances. In true American fashion, we can say that the child health demonstration idea is one of salesmanship. Let us help a community develop the best possible methods for its health work and then sell those methods and the organization to the community. In ultimate terms, the permanent success of a demonstration depends on the ability of the community to pay the price. The thrifty, fairly comfortable people of Fargo can truly afford a more elaborate and more highly developed programme than is at present possible in Salzburg where industry is not teeming and money is scarce. Never before has the relation of mere money to a health programme been to me so apparent; never before has worldly wealth loomed up before me as such an important environmental factor in biological adaptation; never before have I realized the soundness in terms of maintaining self respect and preventing pauperism (both in Fargo and in Salzburg), of helping a community only so far as it is willing and able to help itself.

No consideration of organization, which is after all but the machinery by which certain work is done, is complete without mention of the force that drives the machinery: namely, the enthusiasm, esprit de corps, of the workers and the leadership shown. That elusive, fascinating thing called personality causes many a change in organization. Sometimes poor organization accomplishes surprising results through forceful leadership. Sometimes good organization is ineffective through poor leadership. The combination of good organization with a leader and staff of high qualities is one of those delightful "sports of nature," if you will, which follows successfully the principle of adaptation.

(A paper read at the Congress, I.C.N., July, 1925.)

Little Mothers' Leagues in Manitoba

By ANNE E. WELLS, Reg. N.

It was in 1912 that the Margaret Scott Nursing Mission began the experiment of teaching baby-craft to selected groups of girls in the City of Winnipeg. The experiment proved the need of this instruction to such an extent that it was included in the programme of work of the nurses in the Winnipeg Public Schools.

In Manitoba, outside of the City of Winnipeg, Little Mothers' Leagues were first organized in Brandon, in 1917. The public health nurse who formed the classes there felt, however, that the girls needed instruction in the rudiments of home nursing, first aid and sanitation, in addition to care of babies. The wisdom of this has been borne out by the interest and enthusiasm of the students, who delight to use their knowledge whenever an opportunity occurs, especially those in rural and small town communities.

A number of Little Mothers' Leagues have been organized into team demonstrations in home nursing and care of the baby, under the auspices of the Boys' and Girls' Clubs, which have proved a great success in arousing interest in health education.

To organize Little Mothers' Leagues, the approval and co-operation of the school boards and teachers are secured, by explaining fully the purpose of the classes, and the teaching given according to the lesson outline—the main subjects being personal hygiene, home sanitation, care of infants and children, home nursing and first aid.

The class period (half to one hour, once a week) is arranged with the co-operation of the principal and teacher, that it may not interfere with the regular school work. Where possible the classes are held during school hours.

The classes are organized from the girls in the eighth grades in centres where it is possible for the public health nurse to visit the schools frequently. It is the aim of the public health nurses to extend the Little Mothers' Leagues to every rural school as circumstances permit. Little Mothers' League Classes are also organized for girls over twelve years of age in the primary grades, who will likely leave school before reaching the eighth grade.

The members of the Little Mothers' Leagues wear white caps and aprons during the lesson periods dealing with the practical part of the course.

Where it is advisable, a course of first aid instruction is also given to the boys in the class in which the Little Mothers' League is organized, thereby enabling the nurse to combine the groups for instruction for eight lesson periods. (See attached outline.)

The Public Health Nurses' Department supplies the literature and equipment for carrying on the work of the classes (see attached lists).

The literature supplied is as follows:

Lesson Outline.

Lesson Notes for Nurses—to serve as a guide in the preparation of lessons.

Lesson Notes for Pupils—given to members of the Little Mothers' League at each lesson, to be placed in note books for future reference.

Examination Papers—a list of questions prepared by the Public Health Nurses' Department each year, and forwarded to nur es on request when pupils have completed the course of study, and are ready for examination.

Notes for Conducting Examinations—a guide to nurses in examining for theoretical and practical work.

Diplomas for Members of Little Mothers' Leagues and First Aid Classes.

A record of attendance of the pupils is kept in the nurse's district note book.

Examinations, both written and practical, are held at the conclusion of the classes. Names of the success-

ful pupils are then forwarded to the Public Health Nurses' Department in order that diplomas may be duly signed and forwarded.

The diplomas are usually presented at a school concert, in order to give the occasion as much publicity as possible. Demonstrations of the work of the Little Mothers' Leagues and First Aid Classes are given to allow parents an opportunity of viewing their work. The Women's Institutes are keenly interested in this phase of health training and, in many places, the presentation of diplomas and demonstrations have been held under their auspices.

No definite text books are used, apart from the course of instruction outlined for nurses as herein enclosed, but nurses are encouraged to refer to books, posters and other health material in the preparation of lessons in order to make them as interesting and instructive as possible.

LESSON OUTLINE

LESSON 1.

ELEMENTARY ANATOMY AND PHYSIOLOGY

Cells.
Formation of body tissue and each kind.
Organs, formation and function:
- (a) Organs of circulation.
- (b) Organs of respiration.
- (c) Organs of digestion.
- (d) Organs of excretion.
- (e) Organs of nervous system.

Blood, composition and functions and how purified.
Food: Kinds, purpose of, how digested and assimilated by the body.

LESSON 2.

PERSONAL HYGIENE

Definition of personal hygiene.
Laws of health, and how and why to observe them.

LESSON 3.

PERSONAL HYGIENE—Continued

Formation of teeth.
Dental decay:
- (1) Cause.
- (2) Result.
- (3) Prevention.

LESSON 4.

SANITATION IN THE HOME

Definition of sanitation.
Location and planning of the home and surroundings.
Water supply and sewage disposal:
- Methods used in the country.
- Methods used in the cities and towns.

Ventilation:
- What is meant by ventilation.
- Why fresh air is necessary in the home both night and day.
- Why moisture is necessary in connection with stoves for heating the home.

Cleanliness:
- Why necessary in the home for health and happiness.
- Relation of condition of backyards and garden planning to physical and mental health

Sunlight:
- Why necessary for growth and comfort in the home.

LESSON 5.

SANITATION IN THE HOME—Continued

Care of food:
- From the dealer to the home.
- In the home.
- In preparation.
- Care of cooked food.

Disposal of garbage:
- How to care for food refuse.

Insanitary conditions: Cause.
Result.
Germs: Prevention.
- Kinds.
- Methods of transmission of disease germs.
- Method of preventing the spread of disease germs.

Flies and mosquitoes:
- Germination.
- How they cause and spread disease.
- Prevention.

LESSON 6.

GROWTH AND DEVELOPMENT OF BABY

Weight.
Muscular development.
Sight.
Hearing.
Speech.
Teeth.
Signs of intelligence.
Exercise.
Sleep.
Cries—Explain each kind of cry.
Signs of health in children.
Results of proper and improper care.

LESSON 7.

THE NURSERY

The nursery:
- Location.
- Furniture.
- Ventilation.
- Heating.
- The baby's bed.

Practical work:
- Making the baby's bed.
- Placing baby in proper position in bed.

(Adapt this lesson as much as possible to the community in which the pupils live.)

LESSON 8.

VALUE OF WATER

Internally:
- Why water is necessary.
- Amount of water to give.

Externally:
- The daily bath, when, where, and how to give it.

Practical work in:
- Preparation of room.
- Preparation of bathing equipment.
- Undressing the baby.
- Bathing the baby.

LESSON 9.

DRESSING A BABY

Suitable material and amount of clothing needed for summer and winter.

How made, demonstrate baby's clothing and why soft plain garments are necessary.

Why cleanliness is necessary and how to wash clothing.

Practical work in dressing the baby.

How to dress baby for out of doors.

LESSON 10.

FEEDING THE BABY

(1) First Nine Months

How a baby is usually fed by its mother.

Why mother's milk is the safest and best food for the baby.

Difference between human or mother's milk and cow's milk.

Condensed milk and patent foods; why they are seldom used.

Preparation of baby before feeding.

Don'ts in feeding.

(2) Ninth to Twelfth Month

Why and how a baby is weaned.

Care of milk.

Why and how fruit juices are used.

How to feed the baby after the ninth month.

LESSON 11.

FIRST CARE OF A SICK BABY

Signs of illness.

Causes.

First aid treatment.

Things that are bad for babies.

Don'ts for babies.

Child Welfare Stations:
- Purpose.
- By whom organized.
- Where organized.

LESSON 12.

COMMUNICABLE DISEASES

Meaning of communicable diseases.

Signs of communicable diseases:
- The common cold.
  - Cause—a forerunner of other communicable diseases.
  - Result.
  - Prevention.
- Other communicable diseases:
  - Cause.
  - Prevention.

LESSON 13.

HOME NURSING

Precautions for nurses in caring for a patient suffering from communicable disease.

What a sick person needs.

How to make a sick person comfortable.

Practical work in daily care of a sick person.

What to remember in caring for the patient.

LESSON 14.

HOME NURSING—Continued

APPLICATION OF EXTERNAL HEAT

Object.

Practical work in making and applying:
- Poultices.
- Mustard plasters.
- Fomentations.

Application of dry heat:
- How to fill a hot water bottle and apply it.
- Precautions.

LESSON 15.

FIRST AID

What to do in case of an accident.

Practical work in applying a simple dressing.

Emphasize the necessity of cleanliness in handling wounds to avoid danger of infection.

Bandaging:
- To keep dressing in place.
- Control of bleeding by pressure.
- Keep splints, etc., in place in cases of fractures.

Control of bleeding.

Fractures: Recognition and first aid.

Burns: Treatment.

LESSON 16.

FIRST AID—Continued

Common causes of unconsciousness and first aid:

Fainting.

Fits.

Sunstroke and apoplexy.

Removal of foreign bodies from:

The eye.

The ear.

The nose and throat.

LESSON 17.

EXAMINATION OF THEORETICAL AND PRACTICAL WORK

OUTLINE OF FIRST AID COURSE

Lesson 1.—First Things to Do.
Lesson 2.—To Control Bleeding.
Lesson 3.—Wounds.
Lesson 4.—Demonstration of Dressing Wound and Bandaging.
Lesson 5.—Fractures.
Lesson 6.—Burns and Scalds.
Lesson 7.—Unconsciousness.
Lesson 8.—Artificial Respiration or Breathing.
Lesson 9.—Transportation of Injured.
Lesson 10.—Poisons and How to Avoid Accidents.

LESSON OUTLINE FOR TEACHING FIRST AID TO BOYS
In Conjunction With the Teaching of Little Mothers' League Lessons

Little Mothers' League Lesson Outline	Lesson 1	Both Boys and Girls
Little Mothers' League Lesson Outline	Lesson 2	Both Boys and Girls
Little Mothers' League Lesson Outline	Lesson 3	Both Boys and Girls
Little Mothers' League Lesson Outline	Lesson 4	Both Boys and Girls
Little Mothers' League Lesson Outline	Lesson 5	Both Boys and Girls
First Aid Lesson Outline	Lesson 1	Boys only
First Aid Lesson Outline	Lesson 2	Boys only
First Aid Lesson Outline	Lesson 3	Boys only
First Aid Lesson Outline	Lesson 4	Boys only
First Aid Lesson Outline	Lesson 5	Boys only
First Aid Lesson Outline	Lesson 8	Boys only
Little Mothers' League Lesson Outline	Lesson 12	Both Boys and Girls
First Aid Lesson Outline	Lesson 9	Boys only
First Aid Lesson Outline	Lesson 10	Boys only
Little Mothers' League Lesson Outline	Lesson 15	Both Boys and Girls
Little Mothers' League Lesson Outline	Lesson 16	Both Boys and Girls

AN OUTLINE OF JUNIOR HEALTH LEAGUE CLASSES AND DEMONSTRATIONS IN PRINCE EDWARD ISLAND
By MONA G. WILSON, Reg.N.

1. General outline of work to be taken up and object of same. Class organized.
2. (a) Posture. Demonstration: Correct posture; Correct shoes.
   (b) Personal Hygiene. Demonstration: Pure good soap, etc.
3. Home Hygiene. Demonstration: Airing room; Dusting.
   Food. Demonstration: A well balanced meal.
   Talk on headaches, cause and cure.
4. Baby Hygiene (Sponge bath, etc.). Demonstration: Proper clothing, shoes, articles necessary for sponge bath.
5. Baby Hygiene (Tub bath). Demonstration: Articles necessary for tub bath.
   Dressing, etc. Demonstration: Baby's bath; Dressing and undressing baby.
6. Baby's bed. Demonstration: Proper making of bed.
   Baby's teeth and care of same. Demonstration: Baby's tooth wash with soft cloth and sod. bicarb.
   Teeth in regard to health of older children. Demonstration: Good tooth brush and paste or powder for older child.
7. Breast feeding, Bottle feeding, Care of Milk Refrigerator, Cleanliness. Demonstration: Preparation of feeding.

8. Bandaging and First Aid. Demonstration: Dressing small wound; Uses of triangular bandage; Bandaging.
9. Room. Demonstration of same: Location; Arranging of furniture; Care of same.
   Bed. Demonstration: Making of bed with and without patient; Changing sheets with patient in.
   Patient. Demonstration: Making comfortable, lifting up; Arranging pillows; Use of pads; Arranging for meals.
10. Bed Bath (Bed). Demonstration: Arranging for general bath with patient in bed; Combing hair; Cleaning teeth and finger nails.
    Tray. Demonstration: Arranging tray, re keeping food hot and placing dishes handy.
11. Hot water bags and ice caps. Demonstration: Filling; Application; Substitutes, plates, irons, bottles of water; Care.
    Compresses, Hot and Cold. Demonstration: Application; Wringing out hot; Danger of too hot application; Bath for convulsions.
    Plasters and Poultices. Demonstration: Strength for different ages; Making and applying.
    Pulse, Respiration and Temperature.
    Giving medicines.

Refresher Course

By L. B. FALLOWS, R.N.

No one could have welcomed a Refresher Course more eagerly than the Provincial District Nurses of Alberta when at the end of January they left their little bachelor shacks in the wilds for a week in Edmonton.

The lectures and demonstrations were arranged to fill the most pressing needs of the nurses, who had previously informed their superintendent, Miss E. Clark, R.N., of their special difficulties: and it is easy to believe that these nurses have many difficulties when one realizes the isolation of their districts and their remoteness from medical aid.

The University Hospital Out-door Clinic, Child Welfare Clinic and Isolation Hospital provided a wealth of material for demonstration purposes.

Lectures were given on Obstetrics by Dr. L. C. Conn; Skin and Venereal Diseases, Dr. Harold Orr; Diseases of Children, Dr. D. Leitch; Communicable Diseases and Immunization, Dr. Whitelaw; Public Health and Sanitation, Dr. Laidlaw; Infant Feeding, Miss Blanche Emerson.

During their stay in the city the nurses also enjoyed some social affairs arranged in their honour. The Hon. Mr. Hoadley, Minister of Public Health, entertained at a luncheon in the Hudsonia on Friday, January 29th; on Sunday afternoon, Dr. W. C. Laidlaw, Deputy Minister of Health, and Mrs. Laidlaw entertained at the tea hour.

On Saturday evening, January 30th, the visiting nurses entertained at a most enjoyable dinner at the McDonald Hotel, when their guests were: Miss E. Clark, Superintendent of Public Health Nurses; Miss Blanche Emerson, nurse in charge of Child Welfare in Edmonton; Miss Olive Bailey and Miss Bernice Bean, of the City of Edmonton Health Department, and Miss Miriam Gould, nurse in charge of the Out-door Clinic of the University of Alberta Hospital.

Among the nurses attending the course were: Miss Kennedy, Lac la Biche; Miss R. M. Kirby, Pendryl; Miss Smith, Yeoford; Miss Wotherston, Newbrook; Miss Fallows, Slave Lake; Miss Girling, Wanham; Miss Longsdale, Milo; and Miss Black, Vegreville.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

A Day in the Life of a St. John's Community Nurse

By SYKETHA SQUIRES

In bringing to the attention of the public the work-a-day life of the Child Welfare Workers we realize that while all of you have a passing acquaintance with the Community Nurse, yet perhaps many of you know very little of the real work she is doing in the homes of the people that our child life may be saved, our mortality rate lowered and babies' feet set on the right track that will enable them later to face life more efficiently and successfully; and so we will give you a simple word picture of "A Day with a Community Nurse," taking you through scenes that are perhaps strange and unfamiliar, and to the door of folk who are bearing heavy burdens.

Our first visit will be in response to an early call made by a bright child of nine years who lispingly informs us that "a new baby has cummed and is skick." On approaching the house our first impressions are made by the clean scrubbed steps, while the inside of the house is but an echo of the out, telling us of the grit of a true Newfoundlander. Here we find a brave little mother, with the "skick" baby, three days old, who has been annoying the upstairs tenants by its cries: mother diagnosed trouble as "crossness." Here we advise regular feedings, with drinks of cooled boiled water between, and, suiting the words to action we boil out a lemonade bottle and from the recesses of our bag bring forth a nipple, which is likewise boiled. Then baby has a drink, and after a few moments falls asleep contented. Directions are left with the housekeeper of nine years, who has three other toddlers under her age to care for as well as a "skick" baby.

From here we hurry along to make re-visits to newly-borns, finding here and there, in spite of our eternal preaching, beautiful "comforters" adorning baby's dress. Again we stress the ill-effects produced by use of "comforters," pointing out that regular feeding by the clock will overcome this habit. We invite these mothers to the Well Baby Clinic.

Our next visit is to a motherless bunch of boys and girls, to invite them to an outing which is to take place two days later. They are singled out by ages; the lucky ones grinning, the unlucky ones in tears. Here we are perplexed for we find from the boys' stories that four of the family were born in the same year and are the same age! We push ourselves past the swarm of children and find ourselves in the kitchen. The father has gone to work early and the fire is out. Pushing back the dishes from the table, let us see what this family of growing boys and girls have had for their breakfast: A plate of meat holds the central position on the table, a knife on the side indicates that self-service

has been the method used; a can of condensed milk; remnants of bread; a crock of molasses, with the unfriendly flies reposing in numbers thereon; the dregs of a strong cup of tea at each place completes the fare.

Right here we tell the children who crowd round the first requirements for a healthy body and sound mind. Here we find ourselves face to face with real tragedy: the mother weary with the burden of living, has passed on, leaving a family of children ready to be set adrift on the sea of life without a rudder, bound for shipwreck on the rocks; and some, perhaps to find shelter later on in our penal institutions. Before we leave we must find a neighbour to keep an eye on the children until the father returns from work.

We hurry to our next call, which is to take two children to the hospital to have tonsils and adenoids removed, arrangements having been made two days previously. On entering the house we find that bribery and corruption has been used by the mother to get the children into their present clean condition and docile mood. At the mother's request we cross the hall to see her baby. On returning to the kitchen we find no trace of our "tonsils and adenoids," search proving fruitless. On emerging from the doorway we behold the culprits—grinning and peering around the corner of the square. We call and beckon; the children scamper and we give chase, losing ourselves in a lane. We have to report to the hospital and try our luck at pacifying the two M.D.'s who are waiting for the two patients.

After lunch the 'phone tinkles merrily and we are told that a bed has been prepared in the hospital for one of our expectant mothers, who is living in poverty and filth. On arriving we find six or seven neighbours, all in the capacity of "Job's Comforter," telling the mother that she will "never live to see home if she goes to that place." Persuasion on our part is of no avail. We 'phone the clergyman. He comes, and also fails. Feeling terribly depressed and beaten we leave. Next day the husband calls and says "the wife will go to hospital." Arrayed in a neighbour's clothes, and like the daw in borrowed feathers, we make a triumphant entry into hospital and breathe a sigh of relief.

Back to the Centre. We find a message saying that a baby in an outlying district is ill. We find the baby in a terrible condition, suffering from "thrush," which the mother insists is something all babies must have! We inform her that it is lack of cleanliness in handling baby's bottles and nipples. We show her how to take care of these and advise treatment for baby's condition.

Passing on our way home we hear our name called, and, looking up, we see a woman leaning out of a window asking us to come up and see the baby. We find the baby terribly scalded and suffering agonies. The baby had pulled at a cup of hot tea while held in the mother's arms at table. We immediately apply treatment and instruct the mother to call a doctor in order that arrangements may be made for admission to the hospital, and so give the baby a chance.

And now we make our way back to the Clinic. Thinking back over the day—it has been a hard one—we wonder if after all it has been worth while. Then there flashes over us the remembrance of the hand-clasp and smile that speaks appreciation more truly than words; and we hear the age-old message ringing down the years: "Inasmuch as ye have done it unto one of the last of these . . . ye have done it unto Me."

News Notes

Canadian Nurses' Association

In addition to a personal letter to the President of the Canadian Nurses' Association, an excerpt of which was published under the title of "Greetings," in the February number of our nursing journal, Baroness Mannerheim, late President of the International Council of Nurses, has written the Editor, requesting that as it has been impossible for her to make reply to the many kind messages which she had received from Canada during last autumn and at the Christmas season, that she would greatly appreciate expressing, through The Canadian Nurse, her warmest thanks for all the kind messages and greetings received. Baroness Mannerheim wishes to assure the nurses of Canada that the loving kindness from the many nurses helped her more than all else in regaining her health which was greatly impaired following a serious motor accident. "This means nursing hands across the sea," concludes the late President of the International Council of Nurses.

The general meeting of the Canadian Nurses' Association will be held in Ottawa, August 23-27, 1926. The members of the Committee on Arrangements and the nursing profession in general at the capital are planning that the visiting nurses will enjoy their stay in Ottawa.

In selecting the Chateau Laurier Hotel, the committee has arranged with one of the finest hotels in Canada, located directly on the Ottawa River, with spacious and beautiful furnished lobbies. The manager is most anxious to provide every comfort for the convenience of the visiting nurses. Excellent train service from every part of the country contributes largely to the popularity of Ottawa with convention officials and delegates. To assure hotel accommodation, it is suggested that reservations be made direct with the hotel at an early date.

Watch The Canadian Nurse for all further announcements of the convention.

(Sgd.) Mrs. C. L. Devitt, secretary;
Miss Isabelle McElroy, convener.

ALBERTA

CALGARY

The Private Duty Section of the Calgary Association of Graduate Nurses met recently in the Y.W.C.A. parlours. The resignation of Miss Cooper, convener, was accepted, and Mrs. Fulsher appointed to succeed Miss Cooper. A letter re twelve-hour duty for special nurses from the Medical Association of Calgary was read and discussed. As the twelve-hour duty was approved by the Alberta Association of Registered Nurses in annual meeting, October, 1925, it remains for the graduates to apply this ruling to their special duty nursing.

Miss Nan B. D. Hendrie, president, C.A.G.N., who has been ill for some time has the best wishes of all her friends for a speedy recovery.

Miss T. MacKay, who recently resigned as assistant operating room supervisor at the Calgary General Hospital, leaves soon for a six months' visit to the United States and coast cities.

Miss Irene Gogo, of Portland, Ore., is visiting friends in Calgary.

Previous to Miss Edith Rutherford's departure for Pasadena, she was the guest of honour at a Bridge given by Mrs. I. G. Williams at which the head nurses of the General Hospital were guests.

Lamont Public Hospital

Graduates of Lamont Public Hospital are engaged as follows: Miss Christine Campbell, 1919, and Miss Ruth Hulett, 1924, floor duty in the Pasadena Hospital, Pasadena, California; Miss Hilda Johnson, 1924, nursing at Sterco, Alta.; Miss B. Smithson, 1924, private duty in California; Miss Ada Sandall, 1922, at the mission at Copper Cliff; Miss L. Hambly, 1925, floor duty at the R.M.B. Hospital, Vegreville; Miss Dorothy Spencer, 1922, general duty in the Hospital at Stettler, Alta., Miss E. McKee, 1925, special nursing in Edmonton; Miss Augusta Risk, supplying at the hospital at Lloydminster, Sask.; Miss Nettie Redmond, 1925, nursing at the hospital at Elom, Sask.

Miss Caroline French, 1921, is spending the winter in the Sumas Hospital, Sumas, Wash., but expects to return to Alaska in the near future.

Miss Violet Letts, 1925, spent the Christmas season as a patient at the Lamont Public Hospital.

Mrs. B. I. Love, 1922, has resigned her position as supervisor of the operating room, Lamont Public Hospital.

BRITISH COLUMBIA

The regular meeting of the Graduate Nurses' Association of British Columbia was held on January 23rd at the Royal Columbian Hospital, New Westminster, with Mrs. M. E. Johnson, R.N., in the chair. Following the reports from the committees on Public Health, Private Duty and Nursing Education, arrangements for the annual meeting to be held on April 5th and 6th, 1926, in Vancouver, were considered. Some discussion took place on a resolution from the Canadian Nurses' Association and a committee was appointed to deal with it. A most interesting address on "The Obscure Infections of Influenza," by Dr. Van Etter, of New Westminster, was the feature of the evening. Previous to the general meeting there had been afternoon meetings of the three committees—Public Health, Private Duty and Nursing Education—followed by a meeting of the council. The members of the council were invited to dinner by the Superintendent of Nurses of the Royal Columbian Hospital. A short musical programme and refreshments served by the New Westminster Graduate Nurses' Association closed the sessions.

VANCOUVER

Vancouver General Hospital

The regular meeting of the Alumnae was held on February 2nd, in the Nurses' Home, when plans were made for a Fortune-telling Tea, which was held on February 20th, under the convenership of Mrs. Appleby and Mrs. R. Stevens.

The following graduates of the Vancouver General Hospital have accepted positions: Miss Ethel Royce, 1923, and Miss L. Carson, 1925, at St. Luke's Hospital, Spokane; Miss Grace Watson, 1919, in Seattle; and Miss Vyda MacDonald, 1925, at the Regina General Hospital, Regina, Sask.

Mrs. Foster (E. Davies, 1918) was in the city for a few days.

Miss Edith McCall, 1918, has been visiting relatives in Vancouver before taking up her duties on the staff of the University Hospital, Iowa City.

Miss Mae MacArthur, 1914, has been appointed superintendent of nurses of the University Hospital, Iowa City.

Miss H. Campbell, 1909, and Miss S. A. Maitland, 1918, are holidaying in California.

MANITOBA

The twelfth annual meeting of the Manitoba Association of Graduate Nurses, held in the Fort Garry Hotel, Winnipeg, January 21st and 22nd, was the best and most thoroughly enjoyed convention on record. The proceedings opened with an invocation offered by the Venerable Archdeacon McElheran, D.D. The first session was devoted to the business of the Association. The recording secretary, Miss E Carruthers, gave an account of the quarterly meetings held during the year, when the members had met for supper, followed by a business session and an address. The report of the treasurer showed that a memorial fund in the form of a Sick Nurses' Benefit Fund had been established; the Social Service Committee reported that assistance had been given towards the support of a native nurse in India, that the new Canadian young women, through the Y.W.C.A., had received a contribution and a certain amount had been donated to the Christmas Cheer Fund for needy families. The officers elected for the coming year are: President, Miss E. Russell; first vice-president, Miss C. Macleod; second vice-president, Miss M. Fraser; third vice-president, Miss E. Gilroy; recording secretary, Miss E. Carruthers; corresponding secretary, Miss A. Wells; treasurer, Miss R. Quinn. Conveners of Committees: Nursing Education, Miss C. Macleod; Public Health, Miss Elva Gunn; Private Duty, Miss T. O'Rourke; Social and Programme, Mrs J. F. Morrison; Sick Visiting, Miss C. Day; and Memorial Representative, Mrs. Bruce Hill.

Miss E. Russell, president, in her address, dealt with the "Prominence of Nursing Education in the World Today," emphasizing the contribution of nurses to social progress, in connection with which reference was made to the extension courses promoted by the Association which have been held annually during Easter week. These annual courses have consisted of a series of lectures and clinics under the auspices of the University of Manitoba and the hope was expressed that in the near future there would be further development, thereby enabling nurses to obtain special training without going to universities beyond the Province. The President also referred to the admirable accomplishment in the establishment of the Nurses' Sick Benefit Fund. Following this afternoon session the members enjoyed their annual dinner at the hotel.

The Association was most fortunate in having Miss Mary E. Gladwin, Director of Nursing Education for Minnesota, as a guest throughout the two days' sessions. On the evening of January 21st, Miss Gladwin addressed the Association on

"The Hospital and Nursing Education," in which was sketched the evolution in conditions and ethics during the past decades. Miss C. Macleod gave an interesting paper on the Congress of the International Council of Nurses in Finland, and Dr. G. S. Fahrni spoke on Goitre and its treatment, illustrating his subject by lantern slides.

The members were allowed to have Friday morning free, and at the afternoon session, in addition to Miss Gladwin, there were several speakers: Rev. H. Atkinson, secretary of the Board of Welfare Supervision, on the "Gang Life of the Boy;" Miss G. Thompson, of Morden, read a paper on Private Duty Nursing, and Miss Pearston, in a paper on "Social Conditions: Nursing Education," dealt particularly with the three-year training course for nurses at the Winnipeg General Hospital. Miss Gladwin's subject was "Methods of Teaching" which was most admirably presented so that every one of her hearers derived much benefit, and all regretted when this talk came to an end. The last hour of this session was devoted to concurrent meetings of the three sections.

At the closing session, Miss Jean S. Wilson, executive secretary of the Canadian Nurses' Association, spoke briefly on The Canadian Nurse, the national nursing journal for the nurses of Canada. Miss Gladwin's subject was "Education" which stressed the personal obligation each nurse should feel in regard to continued mental and spiritual development, thus widening her own knowledge and ability which would naturally reflect itself in the patients with whom she came in contact. The closing address was given by Prof. W. T. Allison, of the University of Manitoba, and a member of the Canadian Authors' Association, on "Canadian Song and Story" from which his hearers gained some valuable information relative to Canadian writers.

During the evening sessions vocal solos were rendered, which tended to rounding out an altogether most enjoyable and beneficial annual meeting for the nurses of Manitoba.

BRANDON

Miss Dickie of the Public Health staff has resumed her duties after an absence of several weeks, due to a Colles fracture. Miss C. Day relieved on the staff during Miss Dickie's absence.

Miss Elizabeth Russell, president of the Manitoba Association of Graduate Nurses, spent several days in Brandon during the annual convention of the United Farm Women of Manitoba. Miss Russell addressed the Convention.

The accidental death of Miss Grace Drummond (Brandon General Hospital, 1920) occurred on October 18th, 1925, at Rosser, Man., when the car in which she was being driven to the home of a patient was struck by a train.

NEW BRUNSWICK

SAINT JOHN

The annual dance and bridge of the Saint John Chapter, New Brunswick Association of Registered Nurses, which was held recently, was largely attended. The guests were received by the president, Miss Ella McGaffigan, and Mrs. Thomas, general convener of arrangements. An orchestra supplied excellent music for the dancing in the large ball-room, while tables were arranged in the lodge room for those who wished to play bridge. The supper table was artistically decorated with pale yellow chrysanthemums and red tulips in the centre, with potted ferns and red candles on either side. The members of the Chapter who were responsible for the arrangements and success of this affair were: General Convener, Mrs. Thomas; Reception Committee, Miss Ella McGaffigan and Mrs. T. Reynolds; Bridge, Miss Margaret Murlock; Refreshments, Mrs. J. M. Logan and Mrs. J. Howard; Tickets, Miss Martina Wallace, Miss Agnes Sutherland and Miss Martha Fraser. The flowers used in the decorations were taken to the Home for Incurables on the following day.

CAMPBELLTON

The Alumnae Association of the Soldiers' Memorial Hospital, Campbellton, held a tea and home cooking sale on January 16th, at the home of Mrs. W. H. Miller. Fifty-three dollars was realized.

Miss Ethel Glover, 1925, Soldiers' Memorial Hospital, who is nursing at Keene, N.H., recently passed successfully the State examination for Registration of Nurses.

Miss Ruth Henderson, 1925, Soldiers' Memorial Hospital, has been appointed night supervisor at that Hospital.

Misses Jamieson, M. Adams, and F. Adams, 1925, S.M.H., are engaged in special nursing in Campbellton.

Misses Gorman, Davidson, Walsh and Dugay of the Hotel Dieu Hospital, Campbellton, are engaged in public health work in Quebec, Halifax, Edmundson and Montreal respectively.

Misses Audet, Albert and Hachey, Hotel Dieu Hospital, are doing private nursing in New York City.

Miss Helen Legacy, Hotel Dieu Hospital, is acting as night supervisor in the Community Hospital, Glencove, N.Y.

Miss Duquesne, Hotel Dieu Hospital, is engaged in private nursing in New Brunswick.

MONCTON

Dr. and Mrs. R. A. Hughes have moved to Saint John, where Dr. Hughes will continue his practice.

Miss Elizabeth Rettie, R.N., of St. Stephen Hospital, has been engaged in special nursing at the Moncton Hospital.

Miss Hildred Geldart, R.N., 1925, Moncton Hospital, has given up private duty and has accepted a position at St. Luke's Hospital, New Bedford, Mass.

Miss Mildred Lyons, R.N., is spending a vacation in Fredericton.

Miss Myrtle Kay, R.N., convener of the Private Duty Section for New Brunswick, spent her vacation with her sister in Saint John.

NEWCASTLE

Miss Molly Morrisey, R.N., who has been spending some time in Newcastle has returned to New York City.

ST. STEPHEN

Miss Bessie Budd, R.N., of St. Stephen, was recently appointed Superintendent of Yonkers Homeopathic Hospital and Maternity, Yonkers, N.Y.

NOVA SCOTIA

GLACE BAY

In October, 1925, the graduates of General Hospital, Glace Bay, formed an Alumnae Association when Mrs. J. A. MacLeod was elected president. Since organization the Alumnae raised over $400, with which they purchased a piano as a Christmas gift for the student nurses. Recently a residence for the nurses was bought by the Hospital Board. The new residence will prove a benefit to the student nurses and will allow for the bed capacity of the hospital being increased to one hundred beds.

HALIFAX

The annual meeting of the Halifax Branch of the Nova Scotia Graduate Nurses' Association was held in November, Miss Laura Hubley, R.N., president, in the chair. Routine business was transacted, followed by the appointment of officers. Miss Mary Hayden, R.N., Public Health nurse, was elected president for the coming year. A very interesting lecture on the subject of Insulin was given by Dr. Kenneth MacKenzie to the nurses present. The meeting was followed by supper at the Green Lantern, and attendance at the Majestic Theatre.

A series of Bridge parties in aid of the funds of the local branch are being held.

Miss Frances Fraser, graduate of the Hospital for Sick Children, Toronto, formerly Supervisor of the Dartmouth Branch of the Massachusetts Halifax Health Commission, has left for Montreal.

Miss Veronica White, R.N., has returned to the city from Sydney, N.S., where she spent the past six months.

Miss Frances Mullins, R.N., has returned to her duties as school nurse after three months' leave of absence spent in Regina.

The many friends of Miss Winnifred Read, school nurse, will regret to hear of her illness at her home in Halifax.

ONTARIO

FORT WILLIAN AND PORT ARTHUR

There was a large attendance at the monthly meeting of the Thunder Bay Graduate Nurses' Association which was held on Thursday, February 4th, in the reception room of the Nurses' Home, McKellar General Hospital. Arrangements were made for the annual banquet which will take the place of the regular meeting held in March. Plans were made for a bridge and tea to be given during March, the proceeds of which will be for the "Delegate Fund."

Miss Forbes, night superintendent of the McKellar Hospital, has returned from Toronto where she was called by the sudden illness and death of her sister. Much sympathy is offered Miss Forbes in her bereavement.

Miss Eva Hubman, public school nurse, who has been undergoing treatment at the Mayo Brothers' Hospital, Rochester, has returned home. Miss Hubman is being relieved by Miss Doris Dow.

Miss Irene Saunders has returned from California where she was engaged in public health work, and is at present giving temporary assistance at the Isolation Hospital, Port Arthur.

Miss Eva Cliff, McKellar General Hospital, 1925, has accepted a position on the staff at the General Hospital, Tarrytown, N.Y.

Miss Alma Walker, who has been relieving the operation room night supervisor at the Childrens' Hospital, Winnipeg, has returned home.

Miss Alma Adams of Fort William, who graduated recently from the Montreal General Hospital, has been appointed superintendent of the Abitibi Power and Paper Company's new hospital at Iroquois Falls, Ont. The hospital is thoroughly modern and has accomodation for thirty-five patients.

Miss Alkenbrack has returned to Tarrytown, N.Y., where she will do private duty nursing.

HAMILTON

Hamilton General Hospital

At the last meeting of the Alumnae Association Mrs. Jenson (Ina Mather) gave a very interesting talk about her missionary work in Africa.

Miss G. M. Tilden has accepted a position at Mount Hamilton Hospital.

Miss Alice Brown has joined the staff of the Isolation Hospital.

The Alumnae Association have donated a clock for the mantel of the library in the seniors' residence.

LONDON

Victoria Hospital

At the January meeting of the Victoria Hospital Alumnae Association Dr. J. A. Lamont gave an interesting talk on Labrador, where he spent some months last summer in medical service. The speaker touched especially on nursing activities in Labrador. Miss Agnes Malloch presided and Miss Winnifred Ashplant was appointed to arrange for a debate to take place in March between the Victoria Hospital Alumnae and the senior nurses-in-training class. The subject of the debate will be: Resolved, that heredity has a greater influence in character formation than environment.

The programme for 1926 was announced as follows: February, Miss MacPherson, of the Victoria Hospital staff, speaker; March, debate; April, Prof. H. R. Kingston, of the University of Western Ontario, on "Wonders of the Sky"; May, Miss Laura Cody, on "Dietetics"; June, annual picnic; October, Miss Bessie Baty, a Victoria Hospital graduate, on "Duty to China"; November, selected play; December, election of officers.

The 1926 executive are: President, Miss Agnes Malloch; first vice-president, Miss Winnifred Ashplant; second vice-president, Miss Annie Mackenzie; secretary, Miss Della Foster; treasurer, Mrs. Walter Cummins; representative to The Canadian Nurse, Mrs. A. C. Joseph. Directors are: Misses E. MacPherson, Edith Raymond, L. McGugan, H. Smith, M. Dyer, V. Smith. Representatives to the Central Registry Directorate are: Misses A. Malloch, M. Turner, E. MacPherson, M. G. Kennedy, L. McGugan.

Miss Nora McPherson, nurse instructor, Victoria Hospital, addressed the members of Victoria Hospital Nurses' Alumnae Association at the February meeting, demonstrating in a very practical and intensely interesting manner the advantages of the modern methods of training nurses for the tremendous responsibilities of their profession.

Members of the intermediate class of nurses-in-training, Victoria Hospital, entertained the 1926 graduating class and the office staff to a banquet and theatre party. A special street car conveyed the party to Wong's Cafe, where dinner was served in the spacious dining-room, which was prettily decorated in blue and gold. After the banquet, toasts were proposed and a musical programme enjoyed. Miss Verna Ardiel was in the chair and Misses Dorothy Armstrong, Gladys Erskine, Jessie McVicar, Nell Goddard and Luella Mott all took prominent parts in the programme. At the conclusion of the programme the merrymakers, who numbered seventy-eight, adjourned to the Grand Theatre. Members of the office staff who were present were: Miss Grace Fairley, superintendent; Miss Anne Wright, assistant superintendent; Miss Nora McPherson, instructor; Miss Hilda Steward, and Mrs. Allison, the home mother.

St. Joseph's Hospital

The regular meeting of St. Joseph's Hospital Alumnae was held in the assembly room of the Nurses' Home. Mrs. W. J. Tighe, the president, occupied the chair. The members enjoyed a talk by the mother superior, who urged co-operation of the members in any work undertaken by the alumnae and stressed the need of loyalty to the hospital and the profession. A committee under the convenership of Mrs. Rose Hanlon was appointed to make arrangements for a social evening to be held shortly. Refreshments were served.

Sister Patricia, for the past seven years superintendent of nurses at St. Joseph's Hospital Training School, will leave shortly, accompanied by Sister Austin and Sister Jane Frances, to take charge of a 50-bed hospital at Stettler, Alta., one of the largest Catholic hospitals in the West. During her seven years as superintendent, Sister Patricia displayed remarkable ability in the handling of the young girls in training, and proved herself a capable executive. Her new appointment is in itself a tribute to her knowledge of hospital affairs. At a recent meeting of St. Joseph's alumnae, held in the Nurses' Home, with the president (Mrs. Tighe) in the chair, a farewell was tendered the three out-going nurses. An address was read and each of the sisters was presented with a gift by the alumnae. Sister Loretto has been appointed to succeed Sister Patricia.

At a recent meeting of the Ontario Hospital alumnae, Miss Florence Ball occupied the chair in the absence, through illness, of the president (Mrs. Gordon Chalk). Miss Grace Fairley was the speaker and her delightful account of the International Council of Nurses meeting last year in Finland was heard with pleasure by the nurses. Pictures and sketches of leading members of the profession overseas were shown by the speaker, who gave some interesting sidelights on nursing in other lands. Refreshments were served at the close of the meeting by Mrs. Kitchen and Miss Westby.

Miss Margaret Duffield, supervisor of the Victorian Order of Nurses, presented a splendid report to the Board of Management of the Victorian Order of Nurses at the annual meeting, covering a year of extensive community service.

ST. CATHARINES

The marriage of Miss Florence M. Cowley, R.N. (Mack Training School, St. Catharines, 1923), only daughter of the late Mr. and Mrs. Henry Cowley, of Margate, Kent, England, to Dr. George T. Zumstein took place quietly in St. Barnabas Church, St. Catharines, on January 6th, 1926. Dr. and Mrs. Zumstein left by motor to spend the winter in the Southern States.

Mrs. James Parnell, R.N., Church St., St. Catharines, left on January 15th for Orlando, Fla., where she is spending the remainder of the winter with her son, Lyle Parnell.

The Alumnae Association of Mack Training School were hostesses to the Graduate Nurses' Association at the Nurses' Home on January 12th. Cards were the diversion of the evening. Later delicious refreshments were served. A very enjoyable evening was reported by all present.

TORONTO

Toronto General Hospital

The regular monthly meeting of the Alumnae Association was held in the Nurses' Residence on Wednesday, February 3rd, with Miss Clara Brown, president, in the chair. Several items of business were discussed after the reports from committees had been received. In connection with the Ontario Legislation for Nurses, it was decided that all those members of the Alumnae who are paid-up members will automatically become members of the Registered Nurses' Association of Ontario, if they so desire. The application form for registration in Ontario is to be filled in and sent to the provincial secretary, who will communicate with the treasurer of the Alumnae and draw funds from the Association. It was decided that in future all subscriptions to The Canadian Nurse will start with the April number. The Alumnae will pay for the copies of the magazine for the months of February and March for members who are paid up for 1926. Miss Hickey was appointed convener of a committee to investigate the advisability of the Alumnae making provision for associate membership. This will be fully discussed at the April meeting. There will be a short business meeting before the social evening which is to be held in March.

Miss Lucy Peters, 1924, has gone to the Red Cross Outpost Hospital at Engleheart, Ont.

Miss Marion French, 1923, and Miss Grace Delahey, 1923, who for the past year have been with the Seale Harris Medical Clinic in Birmingham, Ala., have returned to Toronto. Miss French is doing private duty work and Miss Delahey has been appointed head nurse on ward "I," T.G.H.

Miss Jean Templeton, 1925, has accepted the position as assistant head nurse on the fifth floor of the Private Patients' Pavilion.

Miss Mabel Thompson has resigned her position as night supervisor of the Private Patients' Pavilion and has gone to Erie, Penn., to do public health nursing. Miss Thompson has been succeeded by Miss Nettie Fidler.

Miss Marion Patton, who has been assistant night supervisor of the Private Patients Pavilion, has been appointed head nurse in the Burnside operating room, and Miss Delight Hilliard, 1925, is assistant night supervisor in the Pavilion.

Miss Penelope Kitchen, 1925, has been appointed night supervisor of the emergency department, T.G.H.

Miss Ruth Connor, 1925, has been appointed third assistant head nurse in the Pavilion operating room, and Miss Kathleen Twiss is night supervisor of the Burnside obstetrical department.

Miss Beryl Johnston and Miss Lillian Millsap have resigned their positions in the Herman Kiefer Hospital, Detroit, and have joined the Visiting Nurses' Association of that city.

Miss Vera Pearson, 1918, who has been head nurse on ward "I" has resigned, and left early in February for Brantford, Ont., where she has been appointed assistant superintendent of the Brantford General Hospital.

Hospital for Sick Children

Miss Reta Sutcliffe, 1917, has returned from New York and has been appointed Supervisor of the Victorian Order of Nurses at Sherbrooke.

Miss Hazel Franks, a former Superintendent of the Hospital for Sick Children, is recovering from a recent operation.

A very successful meeting of the Alumnae was held at the Nurses' Residence on Thursday, February 11th, the President (Mrs. Langford) in the chair. Final arrangements for the theatre night were completed—"San Toy," at the Royal Alexandra Theatre being the opera chosen. A very delightful lecture by Dr. Wallace, of the Chair of English, University of Toronto, was then given and thoroughly enjoyed by all. Music and refreshments closed the evening.

Wellesley Hospital

The annual meeting of the Wellesley Hospital Alumnae Association was held on Friday evening, January 8th.

Miss Eleanor Hinch, 1923, has accepted a position as operating room supervisor in the Woman's Hospital, Bloor St. E., Toronto.

Miss Ann Barton, 1921, has accepted a position on the staff of the Lockwood Clinic, Toronto.

Misses Gladys Fawcett and Estelle Follis, 1924, having completed a post graduate course at the Presbyterian Hospital, New York, have accepted positions on the staff of the Butman Hospital, New York.

Miss Ruth Jackson, 1923, has accepted a position in the Red Cross Hospital, Hafford, Sask.

Toronto Western Hospital

Miss Enid Phillips and Miss Jessie G. Campbell are spending the winter in New York.

Miss Ryde has returned to Toronto and is doing private duty, after spending a year in California.

Miss Rahno Beamish, 1919, has resigned her position in St. Catharines General Hospital and has been appointed to the Out Patient Department of the Toronto Western Hospital.

Miss Marion Wylie, 1915, has resigned her position as Instructress of probationers and is leaving shortly for South America.

Miss Cunning, 1919, of the Out Patient Department has accepted the position of Instructress of probationers.

Miss McQueen, who has been relieving in Out Patient Department, is leaving for her home in Manila.

The annual dance of the Toronto Western Hospital A.A. was held with much success in the Crystal Ball Room of the King Edward Hotel, on February 1st. Guests were received by the Hon. W. Price and Mrs. Price, Miss Ellis (Superintendent of the Training School), and Miss Wylie (President of the Alumnae Association). About four hundred guests were present.

Miss Valerie L. Ottaway, R.N., Women's College Hospital, 1924, is at present in charge of the Hospital at St. Peter's Mission, Hay River, MacKenzie River District, N.W.T.

QUEBEC

MONTREAL

Children's Memorial Hospital

The following nurses are engaged in private duty nursing: Miss A. O'Dell, Miss J. Chisholm, and Miss A. Duret, in Montreal; Miss A. Vey and Miss L. Murray, 1925, in Victoria, B.C., and Miss E. Hogue, 1923, in Saranac Lake, N.Y.

Miss Morris, 1915, has accepted the position of night supervisor in the Protestant Infant's Home, Montreal.

Miss N. V. Parsons, 1923, has accepted the position of Clinical Nurse in The United College, St. John's, Newfoundland.

Miss E. Hillyard, 1924, is taking the Instructor's Course at the School for Graduate Nurses, McGill University.

Miss H. Bush, 1925, is relieving in the S.O.R. of the Shriners' Hospital, Montreal, while Miss O. Osmond, 1922, is on extended leave owing to sickness at her home, Exploits, Newfoundland.

Miss E. Brand, 1922, has accepted a position on the staff of the Medical Arts Hospital, Montreal.

Miss G. Boyes, 1919, has accepted the position of office assistant to Dr. Alton Goldbloom of Montreal.

Royal Victoria Hospital

A very interesting and instructive talk on "Recent Advances in Therapeuties" was given at the February meeting of the Alumnae by Dr. Jonathan Meakins.

Miss Mabel Clint, 1910, has been appointed executive secretary of the Association of Registered Nurses for Quebec.

Miss Ida B. Smith, 1908, has returned from England and is at present in New York City.

Miss Christine Crawford, 1917, has left for the south of France.

An interesting paper on "Some Aspects of Nursing Education" was read at the annual meeting of the Association of Registered Nurses for Quebec, held recently in Montreal, by Miss Nora Nagle, 1916. Miss Nagle is Instructor of Nurses at the Ottawa Civic Hospital.

The engagement is announced of Grace Mary Kuhring, 1923, to Edwin Hallett, of Halifax, N.S. The marriage is to take place in June.

Montreal General Hospital

Miss Margaret Raeburn, 1925, is on the staff of the Montreal Maternity Hospital as night superintendent.

Miss Myrtle Bennett, 1923, is taking the course in X-Ray at the Montreal General Hospital.

Miss Charlotte I. Robinson, 1916, has been engaged as one of the night assistant superintendents at the Montreal General Hospital, relieving Miss Margaret Shaw, 1925.

Showers are being given to brides of the near future in the persons of Misses Mona Morash and Pearl Snow, 1924.

Miss Nina Howlett, 1923, who has spent a year with the Victorian Order of Nurses of Montreal, is now doing private duty nursing. Miss Madeline Taylor, 1924, has taken up work with the Order.

Miss F. Madeline Shaw, Director of School for Graduate Nurses at McGill, was re-elected president of the Association of Registered Nurses for Quebec at the annual meeting in January, 1926.

Miss Annie Hogge, 1924, was forced to resign her position at Carleton Co. L. T. Fisher Memorial Hospital, Woodstock,

N.B., and undergo an operation at the Montreal General Hospital, where she is making a good recovery. Miss S. Payne, 1926, succeeds Miss Hogge.

Misses Margaret Morrison, 1920, and Winnifred Shaver, 1925, have resigned their positions at the Laurentian Sanatorium, Ste. Agathe, P.Q., the former returning to Montreal and the latter to her home in Dundas, Ont. Miss Grace MacKay, 1922, has been appointed to one of the vacancies.

Some members of the Montreal General Hospital A.A. gave a very successful dance in the nurses' Club Hall, when the Ogilvy Orchestra furnished the music. It is hoped that all members of the Montreal Graduate Nurses' Association will avail themselves of opportunities to enjoy this club house and hall.

The usual annual dance given by the Board of Management, Montreal General Hospital, during the holidays, was a most enjoyable event. The guests numbered 300.

Western Hospital

The annual meeting of the Western Hospital Alumnae Association was held early in the year.

The class of 1925 are congratulated on having all passed successfully the provincial examination for registration.

The sum of $333.00 was realized at the Tea and Sale of Work held in December, 1925, in aid of the alumnae funds.

Miss Lillian Brand, 1917, has resigned as supervisor of the out-door department of the Western Division of the Montreal General Hospital and has been succeeded by Miss F. Whimbey, 1925.

Miss Ruby Kett, 1925, has been appointed private ward supervisor of the Western Division, M.G.H.

Miss Mabel Green, 1917, is taking a course in administration at Teachers' College, Columbia University, New York.

Miss Mary Sharpe, 1924, has joined her mother in Cleveland, Ohio, and is doing private duty nursing. Miss Mabel Robinson, 1924, is also nursing in Cleveland.

Miss Margaret McCallum, 1924, has succeeded Miss Mabel Robinson as assistant nurse technician in the X-Ray department of the Western Division, M.G.H.

Miss Edna Bates, 1924, is nursing in Brookline, Mass.

Mrs. Grace Taggart, 1924, is on the staff of the private operating room, Mt. Sinai Hospital, New York.

Miss M. E. Kennedy and Miss H. Reynolds, 1925, have accepted positions on the staff of the New Rochelle Hospital, New Rochelle, N.Y.

Miss Freda James, 1924, is on the staff of the Boston Dispensary, Boston, Mass.

Miss Jean Stratton, 1913, has been appointed Superintendent of Nurses at St. Luke's Hospital, New Bern, N.C., U.S.A.

Miss Ethel Bradley, 1914, and Miss Hazel Kerr, 1921, are still nursing in France.

Mrs. J. J. Pollock (Evelyn Davis, 1918), of Toronto, was in Montreal for a short time and it gave her friends much pleasure to receive a visit from her.

The members of the Alumnae wish to extend their deepest sympathy to Miss G. Gerard on the recent loss of her father.

C.A.M.N.S.

Notice has been received of the organization of an Overseas' Nurses' Club in Saint John, N.B. N/S Mary Barnhill was elected president and N/S Allie Burns, secretary. The organization of this club followed a reunion dinner held at the Admiral Beatty Hotel on November 12th, 1925.

The Overseas Nurses' Club, of Toronto, recently organized, has at present a membership of one hundred and eighty-four members. The club is affiliated with the Local Council of Women of Toronto and reported on the organization of their club at the annual meeting of the council which was held in January.

The January meeting of the Overseas Nurses' Club of Calgary was held at the home of Mrs. G. Barker. The election of officers for the year resulted in the following members being elected: President, Mrs. H. W. McGill; vice-president, Mrs. G. Barker; secretary-treasurer, Mrs. Miles Robinson. Letters of thanks were read from the Junior Red Cross, Sunshine and Red Cross Societies for gifts of money from the Club in aid of the Christmas Cheer campaign.

Mrs. A. D. McLeod of the D.S.C.R. Convalescent Hospital, Deer Lodge, Man., has returned from a two-months' visit to her son in Los Angeles, Calif. While away Mrs. McLeod met Miss Billyard who is nursing in Los Angeles.

Mrs. G. S. McCreery (nee N/S N. Chisholm) and her husband are spending a few months in California.

Miss Dickie has returned to her provincial health work at Brandon after undergoing treatment in Winnipeg for a Colles fracture.

Miss M. Melvin is organizing a Health Centre at Gladstone, Mich., where her executive ability is being greatly appreciated.

BIRTHS

ANDERSON—In December, 1925, at New Liskeard, Ont., to Mr. and Mrs. T. J. Anderson (Lois Durrell, Riverdale Isolation Hospital), a daughter.

CRAWFORD—On November 1st, 1925, to Dr. and Mrs. Crawford (Kathleen Maddocks, Children's Memorial Hospital, Montreal, 1921), of Kitscoty, Alta., a son.

DAVEY—On February 9th, at the Regina General Hospital, to Mr. and Mrs. John Davey (Mary Mang, Regina General Hospital, 1925), a daughter.

DOODY—On January 4th, at the Regina General Hospital, to Mr. and Mrs. Cyril Doody (Alice E. Peake, Regina General Hospital, 1925), of Regina, a daughter.

DOYLE—In February, 1926, at the Regina General Hospital, to Mr. and Mrs. Charles Doyle (Aileen Gonczy, Regina General Hospital, 1920), a son.

FAULKNER—In January, at the Vancouver General Hospital, to Mr. and Mrs. Faulkner (Margaret Goodwin, Vancouver General Hospital, 1918), a son.

HIPWELL—Recently, to Mr. and Mrs. H. D. Hipwell (E. Elliott, Children's Memorial Hospital, Montreal, 1918), of Chilliwack, B.C., a son.

LAZERTE—Recently, to Dr. and Mrs Leonard Lazerte (Edith Shaver, Children's Memorial Hospital, Montreal, 1924), of Detroit, Mich., a son.

MARCHESSAULT—Recently, to Mr. and Mrs. Gus Marchessault (Jessie Brown, Children's Memorial Hospital, Montreal, 1924), of Montreal, a son.

MUNROE—Recently, to Mr. and Mrs. Kenneth Munroe (Kathleen Reynolds, Children's Memorial Hospital, Montreal, 1925), of Montreal, a son.

MURRAY—On January 7th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. John D. Murray (Irene Chiswell, Toronto General Hospital, 1917), a daughter.

ROONEY—On January 20th, at the Holy Cross Hospital, Calgary, to Mr. and Mrs. J. P. Rooney (S. Laughren, Holy Cross Hospital, 1924), a son.

ROSE—In January, at Vancouver, to Mr. and Mrs. J. B. Rose (Ethel Boultbee), a daughter.

SPARROW—On January 19th, to Mr. and Mrs. E. W. Sparrow (K. Rothman, Holy Cross Hospital, Calgary, 1924), a son.

WALLACE—On February 4th, at the Private Patients' Pavilion, Toronto General Hospital, to Mr. and Mrs. H. Earl Wallace (Vera Hughes, Toronto General Hospital, 1919), a son.

SIMPSON—On February 2nd, at the Cottage Hospital, Toronto, to Dr. and Mrs. Roy Simpson, a son. Mrs. Simpson is a graduate of the Toronto General Hospital, 1923.

MARRIAGES

ADDY — O'HAGEN — Recently, Bettie O'Hagen (Children's Memorial Hospital, Montreal, 1925), to Paul Addy, of Jordan, Ont.

AUERBACH — FREEDMAN — Beverley Freedman (Children's Memorial Hospital, Montreal, 1923), to Dr. W. Auerbach, of Montreal.

BRADFORD—REDMANN—On January 20th, Manilla E. Redmann (Regina General Hospital, 1921), to Walter E. Bradford, Saltcoats, Sask.

CODERE—THACKERAY — On January 7th, at St. George's Church, Montreal, Jessica Wainwright (Montreal General Hospital), eldest daughter of the late Charles Thackeray, Esq., of Montreal, to Charles A. Codere, of Winnipeg, Man.

DAVIDSON — JOHNSON — On January 23rd, at Beresford, Man., Ethel M. Johnson (Brandon General Hospital, 1923), to David Davidson, of Beresford.

ELLIOTT—MILLER — Euphrenia Miller (Children's Memorial Hospital, Montreal, 1921), to Mr. Elliott, of Montreal.

KELLY — TURNBULL — On November 7th, in Detroit, J. Pearl Turnbull (Hamilton General Hospital, 1924), to William Earnest Kelly, of Northville, Mich.

KERR — MARTIN — On January 16th, 1925, at Guelph, Ont., Mabel Martin (Hospital for Sick Children, Toronto, 1924), to Dr. William Kerr. At home, 107 Balsam St., Toronto.

MILLER—CROZIER—On November 21st, 1925, at Burk's Falls, Agnes Crozier (Hamilton General Hospital, 1921), to Harwood W. Miller, of that place.

MOORE—ROSS—On February 3rd, at 2182 Delorimier Ave., Montreal, the home of the bride's father (Mr. Alexander Ross), by the Rev. A. McTaggart, B.A., Lillian Ross (Montreal General Hospital, 1922), to John S. Moore of Dundas, Ont.

McKAY—PRATT — On December 30th, 1925, Roberta Pratt (Hamilton General Hospital, 1925), to Dr. McKay, of Hamilton.

McKENZIE—McCORD—On Wednesday, January 20th, at Toronto, Helen McCord (Wellesley Hospital, 1917), to Alexander Cameron McKenzie, of Beaverton.

OLESON—WRIGHT—On January 16th, at St. Chrystostonis Church, Chicago, Ill., U.S.A., Ethna Neil Wright (Toronto General Hospital, 1917), to Rangval Oleson, of Omaha, Neb., U.S.A. Mr. and Mrs. Oleson are residing at 2454 North 45th Ave., Omaha.

PHILIP—ROUNDS — On August 19th, 1925, at Embro, Ont., Violet Rounds (Riverdale Isolation Hospital), to Elmer Philip.

PHILLIPS—McKAY—On February 9th, Erla McKay (McKellar General Hospital, Fort William, 1923), to Dr. MacKinnon Phillips, of Chatsworth, Ont.

ROBERTSON — CARTER — Recently, Aileen Carter (Children's Memorial Hospital, Montreal, 1923), to Russell Robertson, of Mexico.

SCOTT—NEEDLER—On January 14th, 1925, Margaret Needler (Hospital for Sick Children, Toronto, 1922), to Mr. Scott, of Englehart. Mr. and Mrs Scott will make their home in Englehart, Ont.

SKELTON—MACTAGGART—In August, 1925, at Edmonton, Mary Mactaggart (Lamont Public Hospital, 1924), to Harry Norman Skelton.

SMITH—STUART—On September 5th, 1925, at Toronto, Helen May Stuart (Riverdale Isolation Hospital), to George Henry Smith .

STALKER—PENNINGTON—On December 24th, 1925, at 953 Tupper St., Montreal, by the Rev. J. B. MacLeod, Phyllis Amelia (Montreal General Hospital, 1925), daughter of Jas. Pennington, of Rockland, Que., to R. Stalker, M.D., of Dunvegan, Ont., son of Mr. and Mrs. D. S. Stalker, of Richmond, Que.

SUCKLING—NICOL—On September 9th, 1925, at Toronto, Isobel Nicol (Riverdale Isolation Hospital), to Austin Suckling.

SUTHERLAND—PATTERSON—On December 27th, 1925, Mrs. Isabelle Patterson (Isabelle Clancey, Wellesley Hospital, 1919), to John Sutherland, of Guelph, Ont.

TORGERSON — COMRIE — On January 1st, at Los Angeles, California, Ruby Robertson Comrie (Royal Victoria Hospital, Montreal, 1916), to Oscar Arnold Torgerson. At home, 110 S. Alexandria Ave., Los Angeles.

VIBERT—BURNETT—On January 19th, Grace Burnett (Regina General Hospital, 1925), to A. Vibert, of Regina.

WIGGINS—HENDRY — Recently, Mary Jane Hendry (Children's Memorial Hospital, Montreal, 1923), to Dr. Rex. Wiggins, of South Manchester, N.H., U.S.A.

DEATHS

WILSON—On November 14th, 1925, at Gravenhurst, Ont., Marion V. Wilson (Toronto General Hospital, 1888).

The University of Chicago will offer to graduate nurses during the summer quarter, 1926, three courses in Nursing Administration and Teaching under the direction of Anna D. Wolf, Superintendent of Nurses, Albert Billings Memorial Hospital, University of Chicago, and two courses in Public Health Nursing under the direction of Helen F. Boyd, formerly in charge of Public Health Nursing, University of Iowa.

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Regular Meeting—Second Wednesday at 8 p.m.

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